


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2008 08:00 A
Secretary of State

DOCUMENT # 819534 1. Entity Name UNITED GUARANTY RESIDENTIAL INSURANCE COMPANY OF NORTH CAROLINA	
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Principal Place of Business 230 N. ELM ST. P. O. BOX 20327 GREENSBORO, NC 27420-0327	Mailing Address 230 N. ELM ST. P. O. BOX 20327 GREENSBORO, NC 27420-0327
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DO NOT WRITE IN THIS SPACE



02072008 No Chg-P CR2E034 (11/05)

4. FEI Number 56-0789396	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
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8. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
1201 HAYES ST.
STE. 105
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000894629 02/28/08-80060-023 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	AS RIDENOUR, WILLIAM E 230 N. ELM ST. GREENSBORO, NC
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SVPC CLARKE, GERALD S. 230 N. ELM ST. GREENSBORO, NC
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SVP WALKER, DANIEL T. 230 N. ELM ST. GREENSBORO, NC
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T WADDELL III, HAL G 230 NORTH ELM ST GREENSBORO, NC
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S TUCK, ELIZABETH MARGARET 70 PINE ST NEW YORK, NY
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V SMITH, BRIAN J 230 N ELM STREET GREENSBORO, NC

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brian J Smith, VP 2-7-08 336-333-0419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #