

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819534

FILED
Jan 13, 2009
Secretary of State

Entity Name: UNITED GUARANTY RESIDENTIAL INSURANCE COMPANY OF NORTH CAROLINA

Current Principal Place of Business:

230 N. ELM ST.
P. O. BOX 20327
GREENSBORO, NC 274200327

New Principal Place of Business:

Current Mailing Address:

230 N. ELM ST.
P. O. BOX 20327
GREENSBORO, NC 274200327

New Mailing Address:

FEI Number: 56-0789396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
PO BOX 6200 (32314-6200)
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: RIDENOUR, WILLIAM E
Address: 230 N. ELM ST.
City-St-Zip: GREENSBORO, NC

Title: SVPC () Delete
Name: CLARKE, GERALD S.,
Address: 230 N. ELM ST.
City-St-Zip: GREENSBORO, NC

Title: SVP () Delete
Name: WALKER, DANIEL T.,
Address: 230 N. ELM ST.
City-St-Zip: GREENSBORO, NC

Title: T () Delete
Name: WADDELL III, HAL G
Address: 230 NORTH ELM ST
City-St-Zip: GREENSBORO, NC

Title: S () Delete
Name: TUCK, ELIZABETH MARG, ARET
Address: 70 PINE ST
City-St-Zip: NEW YORK, NY

Title: V () Delete
Name: SMITH, BRIAN J
Address: 230 N ELM STREET
City-St-Zip: GREENSBORO, NC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVPC (X) Change () Addition
Name: ALLEN, WILLIAM B
Address: 230 N. ELM ST.
City-St-Zip: GREENSBORO, NC

Title: SVP (X) Change () Addition
Name: WALKER, DANIEL T
Address: 230 N. ELM ST.
City-St-Zip: GREENSBORO, NC

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CINQUEGRANA, AMY M
Address: 70 PINE ST
City-St-Zip: NEW YORK, NY

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN J. SMITH

V

01/13/2009

Electronic Signature of Signing Officer or Director

Date