2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2012
Secretary of State

DOCUMENT# 819534

Entity Name: UNITED GUARANTY RESIDENTIAL INSURANCE COMPANY OF NORTH CAROLINA

Current Principal Place of Business:

230 N. ELM ST.
GREENSBORO, NC 274200327

New Principal Place of Business:

Current Mailing Address:

230 N. ELM ST.
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

OFFICERS AND DIRECTORS:

Title: AS
Name: RIDENOUR, WILLIAM E
Address: 230 N. ELM ST.
City-St-Zip: GREENSBORO, NC 27401

Title: SVPC
Name: ALLEN, WILLIAM B
Address: 230 N. ELM ST.
City-St-Zip: GREENSBORO, NC 27401

Title: SVP
Name: WALKER, DANIEL T
Address: 230 N. ELM ST.
City-St-Zip: GREENSBORO, NC 27401

Title: CFO
Name: BEISSINGER, GLORIA A
Address: 230 NORTH ELM ST
City-St-Zip: GREENSBORO, NC 27401

Title: S
Name: AVERY, MARGARET D
Address: 230 NORTH ELM ST
City-St-Zip: GREENSBORO, NC 27401

Title: VP
Name: SMITH, BRIAN J
Address: 230 N ELM STREET
City-St-Zip: GREENSBORO, NC 27401

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH BRIAN SMITH VP 03/16/2012

Electronic Signature of Signing Officer or Director — Date