

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90079 047 ***150.00

DOCUMENT # 819534

1. Entity Name

**UNITED GUARANTY RESIDENTIAL INSURANCE COMPANY OF
NORTH CAROLINA**



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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-0789396

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER

THE CAPITOL BUILDING

TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **AS** ☐ Delete
NAME **RIDENOUR, WILLIAM E**
STREET ADDRESS **230 N. ELM ST.**
CITY-ST-ZIP **GREENSBORO N.**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VC** ☐ Delete
NAME **CLARKE, GERALD S.**
STREET ADDRESS **230 N. ELM ST.**
CITY-ST-ZIP **GREENSBORO FL**

TITLE **Senior VP + Controller** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVP** ☒ Delete
NAME **WALKER, DANIEL T.**
STREET ADDRESS **230 N. ELM ST.**
CITY-ST-ZIP **GREENSBORO N.**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVP** ☐ Delete
NAME **WADDELL III, HAL G**
STREET ADDRESS **230 NORTH ELM ST**
CITY-ST-ZIP **GREENSBORO NC**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **TUCK, ELIZABETH MARGARET**
STREET ADDRESS **70 PINE ST**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **WILLIAMS, FLOYD L.**
STREET ADDRESS **230 N. ELM ST.**
CITY-ST-ZIP **GREENSBORO N.**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Handwritten Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V P

2-24-03

336-333-0247

Date

Daytime Phone #

CR2E034 (10/02)