

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 837518 (0)

1. Corporation Name

HOME GUARANTY INSURANCE CORPORATION



Principal Place of Business

6601 SIX FORKS ROAD
RALEIGH NC 27615

Mailing Address

6601 SIX FORKS ROAD
RALEIGH NC 27615

3. Date Incorporated or Qualified
12/08/1976

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

21 2000 Corporate Ridge

Suite, Apt., #, etc.

22 Suite 160

City & State

23 McLean, VA

Zip

24 22102

Country

25 USA

2a. Mailing Address

26 Suite, Apt., #, etc.

27 City & State

28 Zip

29 Country

30

4. FEI Number

54-0921896

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and filer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD ☐ DELETE

NAME BARMORE, GREGORY T
STREET ADDRESS 6601 SIX FORKS ROAD
CITY-STATE-ZIP RALEIGH NC

TITLE TVD ☒ DELETE

NAME BOROM, MICHAEL P
STREET ADDRESS 6601 SIX FORKS ROAD
CITY-STATE-ZIP RALEIGH NC 27615

TITLE D ☒ DELETE

NAME RABITZ, JOANN
STREET ADDRESS 6601 SIX FORKS ROAD
CITY-STATE-ZIP RALEIGH NC

TITLE MD ☐ DELETE

NAME HECK, MARTIN H
STREET ADDRESS 6601 SIX FORKS ROAD
CITY-STATE-ZIP RALEIGH NC

TITLE V ☐ DELETE

NAME GREEN, JEANNIE B
STREET ADDRESS 6601 SIX FORKS ROAD
CITY-STATE-ZIP RALEIGH NC

TITLE SVD ☐ DELETE

NAME MILLER, GERHARD A
STREET ADDRESS 6601 SIX FORKS ROAD
CITY-STATE-ZIP RALEIGH NC 27615

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chairman ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director
Sandra B. Mortham, Vice President & Asst. Sec.

2-21-96

919 846-4187

Date

Daytime Phone #

CR2E034 (12/95)