


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P23660</b> 1. Entity Name <b>UNITED GUARANTY MORTGAGE INDEMNITY COMPANY</b>	
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Principal Place of Business <b>230 N ELM STREET GREENSBORO, NC 27401</b>	Mailing Address <b>230 N ELM STREET GREENSBORO, NC 27401</b>
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02102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>42-0994960</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

5. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000270188 03/19/05-80041-006 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NUTT WILLIAM, VIRDEN JR 230 N ELM STREET GREENSBORO, NC 27401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRAY, RICHARD LYNN 230 N ELM STREET GREENSBORO, NC 27401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, FLOYD LEE 230 N ELM STREET GREENSBORO, NC 27401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WADDELL, HAL GORDON III 230 N ELM STREET GREENSBORO, NC 27401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENBERG, MAURICE RAY 70 PINE STREET NEW YORK, NY 10270
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEWS, EDWARD EASTON 70 PINE STREET NEW YORK, NY 10270

**DO NOT WRITE  
IN THIS SPACE**

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:** Floyd L. Williams 4/24/05 3363330247  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #