
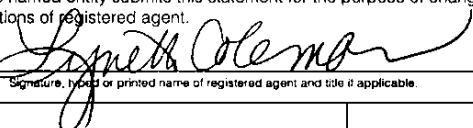
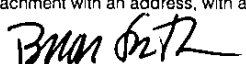


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90003 025 \*\*\*150.00

<b>DOCUMENT # P23660</b> 1. Entity Name <b>UNITED GUARANTY MORTGAGE INDEMNITY COMPANY</b>					
Principal Place of Business <b>230 N ELM STREET GREENSBORO, NC 27401</b>			Mailing Address <b>230 N ELM STREET GREENSBORO, NC 27401</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		02142007    Chg-P    CR2E034 (12/06)	
City & State		City & State		4. FEI Number <b>42-0994960</b>	
Zip    Country		Zip    Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>Lynette Coleman</b> Street Address (P.O. Box Number is Not Acceptable) <b>c/o Corporation Service Company</b> <b>1201 Hays Street, Suite 105</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32301</b>	
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  <b>Lynette Coleman as its agent</b> DATE <b>2/16/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NUTT WILLIAM, VIRDEN JR 230 N ELM STREET GREENSBORO, NC 27401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Smith, Brian J. 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, FLOYD LEE 230 N ELM STREET GREENSBORO, NC 27401	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WADDELL, HAL GORDON III 230 N ELM STREET GREENSBORO, NC 27401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, MARTIN JOHN 70 PINE STREET NEW YORK, NY 10270	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEUGER, WIN JAY 70 PINE STREET NEW YORK, NY 10270	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b>  <b>Brian Smith, Vice President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			February 16, 2007    336.333.0419 <small>Date    Daytime Phone #</small>		

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