

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819534

Entity Name: UNITED GUARANTY RESIDENTIAL INSURANCE COMPANY OF
NORTH CAROLINA**Current Principal Place of Business:**230 N. ELM ST.
GREENSBORO, NC 27420-0327**Current Mailing Address:**230 N. ELM ST.
GREENSBORO, NC 27420-0327**FEI Number: 56-0789396****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32314-6200 US*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

Officer/Director Detail :

Title ASST. TREASURER
Name RIDENOUR, WILLIAM E
Address 230 N. ELM ST.
City-State-Zip: GREENSBORO NC 27401

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

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

Title CFO
Name COMPTON III, CHARLES E
Address 230 NORTH ELM ST
City-State-Zip: GREENSBORO NC 27401

Title VP, ASST. SECRETARY
Name CAMERON, THERESA M
Address 230 NORTH ELM ST
City-State-Zip: GREENSBORO NC 27401

Title SVP, CONTROLLER
Name SMITH, BRIAN J
Address 230 N ELM STREET
City-State-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: BRIAN J SMITH**SVP & CONTROLLER****04/15/2016**

Electronic Signature of Signing Officer/Director Detail

Date