### 2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 819534** 

Entity Name: UNITED GUARANTY RESIDENTIAL INSURANCE COMPANY OF

**NORTH CAROLINA** 

**FILED** Mar 05, 2018 **Secretary of State** CC7364123004

#### **Current Principal Place of Business:**

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	DIRECTOR, CFO, EVP	Title	VP, ASST. SECRETARY
Name	JETER, THOMAS H	Name	CAMERON, THERESA M
Address	230 N. ELM ST.	Address	230 NORTH ELM ST
City-State-Zip:	GREENSBORO NC 27420-0327	City-State-Zip:	GREENSBORO NC 27401

City-State-Zip: City-State-Zip: GREENSBORO NC 27420-0327

Title DIRECTOR, CEO, PRESIDENT Title SVP, CONTROLLER

GANSBERG, DAVID E Name SMITH, BRIAN J Name

Address 230 N ELM STREET Address 230 N. ELM ST.

City-State-Zip: GREENSBORO NC 27420-0327 City-State-Zip: GREENSBORO NC 27401

EVP, GENERAL COUNSEL, Title Title DIRECTOR, EVP, CRO

SECRETARY Name FELTGEN, CHERYL A

Name MILLARD, SARA F

230 N. ELM ST. Address Address 230 N. ELM ST.

City-State-Zip: GREENSBORO NC 27420-0327 GREENSBORO NC 27420-0327 City-State-Zip:

Title **DIRECTOR-CHAIRMAN** Title **DIRECTOR** 

RIPPERT, ANDREW Name BRAND, DENNIS Name Address 230 N. ELM ST. Address 230 N. ELM ST.

GREENSBORO NC 27420-0327 City-State-Zip: City-State-Zip: GREENSBORO NC 27420-0327

## Continues on page 2

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: SARA F. MILLARD

**SECRETARY** 

03/05/2018

# Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR, EVP, CCPO

NameLYONS, MARKNameGAINES, JOHN EAddress230 N. ELM ST.Address230 N. ELM ST.

City-State-Zip: GREENSBORO NC 27420-0327 City-State-Zip: GREENSBORO NC 27420-0327