FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 839735

AMERIN GUARANTY CORPORATION

]				
Principal Place of Business Mailing Address,												
			200 E. RANDOLPH DR				- 1					
49TH FLOOR		US	CHICAGO IL 60601-7125				- 1	DO NOT WRITE IN THIS SPACE				
CHICAGO IL 60601-7125 US								3. Date Incorporated or Qualifed				1
								12/28/1977				1
2. Principal P	lace of Business	2a. N	lailing Address					4. FEI Number		T A	pplied For	1
21			26				1	23-1922977		N	lot Applicable]
Suite, Apt. #, etc.			Suite, Apt. #, etc.					S. Contifeets of Status Desires	. 🗆	\$8.75	Additional	
22			27					5. Certificate of Status Desired Fee Required				
City & State			City & State				ن الشعطة	6. Election Campaign Financi	محدد ا	\$5.00	May.Be	
23			28					Trust Fund Contribution Added to Fees				
Zip	Country	z	Zip Cour			ntry 8. Th		8. This corporation owes the current year Intangible				
24	25 29 30		30	<u> </u>			Personal Property Tax.					
	9. Name and Address of Curr	ent Registe	red Agent		24	NI	1	0. Name and Address of Ne	w Registered	Agent		-
CT (CODDODATION SYSTEM				81	Name						
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD						2 Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33324							<u> </u>					┨
104	TATION I E SOSE				83							1
					84	City				85 Zip	Code	1
		<u> </u>			Ш				FL		i-torod	-
- Affice or i	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida	Such change was a	uthorized	bν	the como	corporat oration's	on submits this statement for board of directors. I hereby ac	ccept the appoi	ntment as r	egistered	
SIGNATURE												1
	Signature, typed or printed name of registered		·		Agen	t signature re	required who	an reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AN	O DIDECT	OBS IN 12	- j
12.		AND DIREC	TORS DELETE	13.		<u>_</u>	Γ	ADDITIONS/CHANGES TO	OFFICERS AN	Change		13
TITLE	CD CEDALD		C DECEIE	1.1 TC						ondingo		`
NAME	FRIEDMAN, GERALD L	ELOOD		1.2 N								8
STREET ADDRESS	1	PLOOR				ADDRESS						5
CITY-ST-ZIP	CHICAGO IL		☐ DELETE	_	TY-S1	-ZIP				☐ Change	Addition	1 2
TITLE	D GOLDBERG, ALAN E.		_		.1 TITLE .2 NAME						٠	
NAME	AGEA AND OF THE AMEDICA	e e				ADDRESS						ļ
STREET ADDRESS	NEW YORK NY 10020	.5					Ì					ĺ
CITY-ST-ZIP	D	<u> </u>	☐ DELETE	2.4 C 3.1 TI		(-ZIP	 			☐] Change	Addition	1
TITLE	HOFFEN: HOWARD I.		ميند ميني مين ميند ميني مين	3.2 N				<u></u>			 	
NAME	JOSE AND OF THE AMEDICA	S				ADDRESS						
STREET ADDRESS	NEW YORK NY 10020	•		3.4. C								
CITY-ST-ZIP TITLE	D		X DELETE	4,1 TI		1-21-	PD			Change	Addition	1
NAME	PETER H. GLEASON		***	4. 2 N		•	1	mar, Roy J.				
STREET ADDRESS	OFF LEWISTON AVE			1		ADDRESS		East Randolph D	r. 49th	Floor		1
	NEW YORK NY				TY-S1			cago, IL 60601-7				
CITY-ST-ZIP	TD		☐ DELETE	5.1 TI	$\overline{}$		T			Change	Addition	1
NAME	VICKERS, D I			5.2 N	AME	İ					•	1
STREET ADDRESS	AND THAT BANDOLDIL DD	19TH FLOO	R	5.3 S	TREET	ADDRESS						-
CITY-ST-ZIP	CHICAGO IL			5.4 CI	TY-\$	r-ZIP						
TITLE	SD		☐ DELETE	6.1 TI	TLE		<u> </u>	***		Change	Addition	1
NAME	RANDOLPH C. SAILER , II			6.2 N	AME	ļ						
	200 EAST RANDOLPH DR.,		_	.		ADORESS	í					1

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information talkannual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an celver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in I hereby certify that the info indicated on this annual rep officer or director of the co Block 12 or Block 13 if cha

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CHICAGO IL

3/19/1999

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FILED

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90042 006 ***150.00