2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#819282

FILED Feb 14, 2007 Secretary of State

Entity Name: GENWORTH MORTGAGE INSURANCE CORPORATION OF NORTH CAROLINA

Current Principal Place of Business:				New Principal Place of Business:			
6601 SIX FORKS ROAD P.O. BOX 177800 RALEIGH, NC 276156519				6601 SIX FORKS ROAD RALEIGH, NC 276156519			
Current Mailing Address:				New Mailing Address:			
P.O. BOX 1	ORKS ROAD 177800 NC 27615651	9			ORKS ROAD NC 276156519	9	
FEI Number:	56-0729821	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	ew Registered Agent:	
P O BOX 6: 200 E. GAII TALLAHAS The above in the State	SEE, FL 3239 named entity s of Florida.	00)	urpose o	f changing it	s registered of	fice or registered agent, or botl	h,
SIGNATUR							_
	Electron	ic Signature of Registered Ager	nt			Date	
Election Carr	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PD () SCHNEIDER, KI 6601 SIX FORK RALEIGH, NC 2	SRD		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	V () GREEN, JEANN 6601 SIX FORK RALEIGH, NC.,			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VTD () DALL, MARCIA 6601 SIX FORK RALEIGH, NC 2	S ROAD		Title: Name: Address: City-St-Zip:	VT (X) SPEIGHT, RONA 6601 SIX FORK RALEIGH, NC 2	S ROAD	
Title: Name: Address: City-St-Zip:	VS () TAGGART, JOH 6601 SIX FORK RALEIGH, NC 2	N C S ROAD		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	CD () MANN, THOMAS 6601 SIX FORK RALEIGH, NC			Title: Name: Address: City-St-Zip:	CD (X) MANN, THOMAS 6601 SIX FORK RALEIGH, NC		
Title: Name: Address: City-St-Zip:	VD () RABITZ, JO ANI 6601 SIX FORK RALEIGH, NC 2	S ROAD		Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANGELA W. DANIEL AS 02/14/2007