

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 10:31

DOCUMENT # 832452 (7)

1. Corporation Name
GE RESIDENTIAL MORTGAGE INSURANCE CORPORATION OF NORTH CAROLINA

Principal Place of Business Mailing Address
6601 SIX FORKS RD. 6601 SIX FORKS RD.
P.O. BOX 177800 P.O. BOX 177800
RALEIGH NC 27619 RALEIGH NC 27619

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		25		05/31/1974	02/11/1994
22		27		4. FEI Number	Applied For
23		28		38-1997500	Not Applicable
24		29		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26		31		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INSURANCE COMMISSIONER STATE OF FLORIDA TALLAHASSEE FL				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				85	Zip Code		
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, GERHARD A	1.2 NAME	
STREET ADDRESS	6601 SIX FORKS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	1.4 CITY-ST-ZIP	
TITLE	DC	2.1 TITLE	PCD Title <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARMORE, GREGORY T.	2.2 NAME	Barmore, Gregory T.
STREET ADDRESS	6601 SIX FORKS RD.	2.3 STREET ADDRESS	6601 Six Forks Road
CITY-ST-ZIP	RALEIGH NC	2.4 CITY-ST-ZIP	Raleigh, NC 27615
TITLE	VTD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOROM, MICHAEL P	3.2 NAME	
STREET ADDRESS	6601 SIX FORKS RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PFEIFFER, THOMAS B	4.2 NAME	Green, Jeannie B.
STREET ADDRESS	6601 SIX FORKS ROAD	4.3 STREET ADDRESS	6601 Six Forks Road
CITY-ST-ZIP	RALEIGH NC	4.4 CITY-ST-ZIP	Raleigh, NC 27615
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINKLE, CATHERINE D	5.2 NAME	
STREET ADDRESS	6601 SIX FORKS ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	MD Title <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECK, MARTIN H.	6.2 NAME	Heck, Martin H.
STREET ADDRESS	6601 SIX FORKS ROAD	6.3 STREET ADDRESS	6601 Six Forks Road
CITY-ST-ZIP	RALEIGH NC	6.4 CITY-ST-ZIP	Raleigh, NC 27615

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeannie B. Green Jeannie B. Green 2/2/95 (919) 846-4187
Date (Typed Name)