

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **832452** (7)

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



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

3. Date Incorporated or Qualified: **05/31/1974**
3a. Date of Last Report: **02/20/1995**
4. FEI Number: **38-1997500**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **INSURANCE COMMISSIONER STATE OF FLORIDA TALLAHASSEE FL**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD	NAME: MILLER, GERHARD A	1.1 TITLE: President & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 6601 SIX FORKS ROAD	CITY-STATE-ZIP: RALEIGH NC	1.2 NAME: Mike S. Zafirovski	
TITLE: PCD	NAME: BARMORE, GREGORY T.	1.3 STREET ADDRESS: 6601 Six Forks Road	
STREET ADDRESS: 6601 SIX FORKS RD.	CITY-STATE-ZIP: RALEIGH NC	1.4 CITY-STATE-ZIP: Raleigh, NC 27615	
TITLE: VTD	NAME: BOROM, MICHAEL P	2.1 TITLE: Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 6601 SIX FORKS RD.	CITY-STATE-ZIP: RALEIGH NC	2.2 NAME:	
TITLE: F	NAME: GREEN, JEANNIE B	2.3 STREET ADDRESS:	
STREET ADDRESS: 6601 SIX FORKS ROAD	CITY-STATE-ZIP: RALEIGH NC	2.4 CITY-STATE-ZIP:	
TITLE: S	NAME: HINKLE, CATHERINE D	3.1 TITLE: SUP & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 6601 SIX FORKS ROAD	CITY-STATE-ZIP: RALEIGH NC	3.2 NAME: Carolyn S. Littles	
TITLE: MD	NAME: HECK, MARTIN H.	3.3 STREET ADDRESS: 6601 Six Forks Road	
STREET ADDRESS: 6601 SIX FORKS ROAD	CITY-STATE-ZIP: RALEIGH NC	3.4 CITY-STATE-ZIP: Raleigh, NC 27615	
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	4.4 CITY-STATE-ZIP:	
TITLE:	NAME:	5.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS: 6601 Six Forks Road	
STREET ADDRESS:	CITY-STATE-ZIP:	5.4 CITY-STATE-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-STATE-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	6.4 CITY-STATE-ZIP:	

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)(k), 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 607, 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, Vice President & Cust. Sec.** 221-96 919 846-9187
DATE: _____ DAYTIME PHONE: _____

CR2E034 (12/95)