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FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/31/1974	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 38-1997500	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
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			
				FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 _____ DATE _____

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MANN, THOMAS H	1.2 NAME	
STREET ADDRESS	6601 SIX FORKS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	V/D
NAME	BARMORE, GREGORY T.	2.2 NAME	Weiland, Theodore
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	SVPD	3.1 TITLE	V/T
NAME	LITTLES, CAROLYN	3.2 NAME	Marsico, Samuel D.
STREET ADDRESS	6601 SIX FORKS ROAD	3.3 STREET ADDRESS	6601 Six Forks Road
CITY-ST-ZIP	RALEIGH NC	3.4 CITY-ST-ZIP	Raleigh, NC 27615
TITLE	V	4.1 TITLE	
NAME	GREEN, JEANNIE B	4.2 NAME	
STREET ADDRESS	6601 SIX FORKS ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	V/S
NAME	HINKLE, CATHERINE D	5.2 NAME	Taggart, John C.
STREET ADDRESS	6601 SIX FORKS ROAD	5.3 STREET ADDRESS	6601 Six Forks Road
CITY-ST-ZIP	RALEIGH NC	5.4 CITY-ST-ZIP	Raleigh, NC 27615
TITLE	MD	6.1 TITLE	
NAME	HECK, MARTIN H.	6.2 NAME	
STREET ADDRESS	6601 SIX FORKS ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* Jeannie B. Green 2/5/98 (919) 846-4187

CFR2E034 (10/97)