

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832452

FILED  
Jan 12, 2010  
Secretary of State

**Entity Name:** GENWORTH RESIDENTIAL MORTGAGE INSURANCE CORPORATION OF NORTH CAROLINA

**Current Principal Place of Business:**

6601 SIX FORKS RD.  
RALEIGH, NC 27615

**New Principal Place of Business:**

8325 SIX FORKS RD.  
RALEIGH, NC 27615

**Current Mailing Address:**

6601 SIX FORKS RD.  
RALEIGH, NC 27615

**New Mailing Address:**

8325 SIX FORKS RD.  
RALEIGH, NC 27615

**FEI Number:** 38-1997500

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: BENNISON, JAMES R  
Address: 8325 SIX FORKS ROAD  
City-St-Zip: RALEIGH, NC 27615

Title: VT  
Name: NICHOLAS, GEORGETTE C  
Address: 8325 SIX FORKS RD.  
City-St-Zip: RALEIGH, NC 27615

Title: V  
Name: GREEN, JEANNIE B  
Address: 8325 SIX FORKS ROAD  
City-St-Zip: RALEIGH, NC 27615

Title: S  
Name: KLEISSLER, THOMAS F  
Address: 8325 SIX FORKS ROAD  
City-St-Zip: RALEIGH, NC 27615

Title: PD  
Name: SCHNEIDER, KEVIN D  
Address: 8325 SIX FORKS ROAD  
City-St-Zip: RALEIGH, NC 27615

Title: VD  
Name: GUPTA, ROHIT  
Address: 8325 SIX FORKS ROAD  
City-St-Zip: RALEIGH, NC 27615

I hereby 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 all other like empowered.

SIGNATURE: ANGELA W. DANIEL

AS

01/12/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date