

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 # **F93000002164 (2)**

1. Corporation Name

PRIVATE RESIDENTIAL MORTGAGE INSURANCE CORPORATI ON



Principal Place of Business

6601 SIX FORKS ROAD
RALEIGH NC 27615

Mailing Address

6601 SIX FORKS ROAD
RALEIGH NC 27615

3. Date Incorporated or Qualified
05/10/1993

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
56-1775870

Applied For
Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

24. Zip

Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
STATE CAPITOL, PLAZA LEVEL
TALLAHASSEE FL 32399-0300

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	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 title, if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARMORE, GREGORY T	
STREET ADDRESS	6601 SIX FORKS ROAD	
CITY-STATE-ZIP	RALEIGH NC	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	HECK, MARTIN H	
STREET ADDRESS	6601 SIX FORKS ROAD	
CITY-STATE-ZIP	RALEIGH NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GREEN, JEANNIE B	
STREET ADDRESS	6601 SIX FORKS ROAD	
CITY-STATE-ZIP	RALEIGH NC	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	BOROM, MICHAEL P	
STREET ADDRESS	6601 SIX FORKS ROAD	
CITY-STATE-ZIP	RALEIGH NC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HINKLE, CATHERINE D	
STREET ADDRESS	6601 SIX FORKS ROAD	
CITY-STATE-ZIP	RALEIGH NC 27615	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LOPES, STUART M	
STREET ADDRESS	6601 SIX FORKS RD	
CITY-STATE-ZIP	RALEIGH NC	

1.1 TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	SVP and Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Carolyn S. Little	
4.3 STREET ADDRESS	6601 Six Forks Road	
4.4 CITY-STATE-ZIP	Raleigh, NC 27615	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	President & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Mike S. Zafirovski	
6.3 STREET ADDRESS	6601 Six Forks Road	
6.4 CITY-STATE-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)(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: *Jeanne B. Green* Vice President & Asst. Sec. **2-21-96** 919 846-4187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)