


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90552 046 \*\*\*150.00

**DOCUMENT # F93000002164**

1. Entity Name  
**PRIVATE RESIDENTIAL MORTGAGE INSURANCE CORPORATION**



Principal Place of Business  
**6601 SIX FORKS ROAD  
RALEIGH, NC 27615**

Mailing Address  
**6601 SIX FORKS ROAD  
RALEIGH, NC 27615**

**14007055**

**DO NOT WRITE IN THIS SPACE**



02032004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>56-1775870</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MILLER, GERHARD A 6601 SIX FORKS ROAD RALEIGH, NC 27615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GREEN, JEANNIE B 6601 SIX FORKS ROAD RALEIGH, NC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD DALL, MARCIA A 6601 SIX FORKS RD RALEIGH, NC 27615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS TAGGART, JOHN C. 6601 SIX FORKS ROAD RALEIGH, NC 27615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MANN, THOMAS H 6601 SIX FORKS RD RALEIGH, NC 27615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeannie B. Green **Jeannie B. Green** 4/13/04 919-846-4187

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #