

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000002164

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC8492264383**

**Entity Name:** GENWORTH FINANCIAL ASSURANCE CORPORATION

**Current Principal Place of Business:**

8325 SIX FORKS ROAD  
RALEIGH, NC 27615

**Current Mailing Address:**

8325 SIX FORKS ROAD  
RALEIGH, NC 27615

**FEI Number: 56-1775870**

**Certificate of Status Desired: No**

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

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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

**Officer/Director Detail :**

Title           DIRECTOR  
Name           SCHNEIDER, KEVIN D  
Address        8325 SIX FORKS RD  
City-State-Zip: RALEIGH NC 27615

Title           ASST. SECRETARY  
Name           WILBOURNE, ELIZABETH  
Address        8325 SIX FORKS ROAD  
City-State-Zip: RALEIGH NC 27615

Title           VT  
Name           MITCHELL, HARDIN D  
Address        8325 SIX FORKS RD  
City-State-Zip: RALEIGH NC 27615

Title           SECRETARY  
Name           COOKE, STEPHEN  
Address        8325 SIX FORKS ROAD  
City-State-Zip: RALEIGH NC 27615

Title           PRESIDENT, DIRECTOR  
Name           GUPTA, ROHIT  
Address        8325 SIX FORKS ROAD  
City-State-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: ELIZABETH WILBOURNE**

**ASST. SECRETARY**

**01/12/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date