

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 # 819282 (5)

1. Corporation Name
GENERAL ELECTRIC MORTGAGE INSURANCE CORPORATION OF NORTH CAROLINA



Principal Place of Business: 6601 SIX FORKS ROAD, P.O. BOX 177800, RALEIGH NC 27615-6519
Mailing Address: 6601 SIX FORKS ROAD, P.O. BOX 177800, RALEIGH NC 27615-6519

3. Date Incorporated or Qualified 01/10/1966	3a. Date of Last Report 02/21/1995
4. FEI Number 56-0729821	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

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 607.1508, 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECK, MARTIN H.	1.2 NAME	
STREET ADDRESS	6601 SIX FORKS RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JEANNIE B	2.2 NAME	
STREET ADDRESS	6601 SIX FORKS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH, NC.	2.4 CITY-ST-ZIP	
TITLE	PCD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARMORE, GREGORY T.	3.2 NAME	Chairman
STREET ADDRESS	6601 SIX FORKS RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOPES, STUART M	4.2 NAME	SVP and Director
STREET ADDRESS	6601 SIX FORKS ROAD	4.3 STREET ADDRESS	Carolyn S. Littles
CITY-ST-ZIP	RALEIGH NC	4.4 CITY-ST-ZIP	6601 Six Forks Road
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINKLE, CATHERINE D	5.2 NAME	
STREET ADDRESS	6601 SIX FORKS ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, GERHARD A	6.2 NAME	President & Director
STREET ADDRESS	6601 SIX FORKS ROAD	6.3 STREET ADDRESS	Mike S. Zafirovski
CITY-ST-ZIP	RALEIGH NC	6.4 CITY-ST-ZIP	6601 Six Forks Road

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: *Joannie B. Green, Vice President & Asst. Sec.* 2-21-96 919 846-4487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)