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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90022 024 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 819282

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip Country 24 25	Zip Country 29 30

3. Date Incorporated or Qualified 01/10/1966	Applied For Not Applicable
4. FEI Number 56-0729821	
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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS

TITLE	MD	<input checked="" type="checkbox"/> DELETE
NAME	HECK, MARTIN H.	
STREET ADDRESS	6601 SIX FORKS RD.	
CITY-ST-ZIP	RALEIGH NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GREEN, JEANNE B	
STREET ADDRESS	6601 SIX FORKS ROAD	
CITY-ST-ZIP	RALEIGH, NC.	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MARSICO, SAMUEL D	
STREET ADDRESS	6601 SIX FORKS RD	
CITY-ST-ZIP	RALEIGH NC 27615	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WEILAND, THEODORE	
STREET ADDRESS	6601 SIX FORKS ROAD	
CITY-ST-ZIP	RALEIGH NC 27615	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	TAGGART, JOHN C	
STREET ADDRESS	6601 SIX FORKS ROAD	
CITY-ST-ZIP	RALEIGH NC 27615	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MANN, THOMAS H.	
STREET ADDRESS	6601 SIX FORKS ROAD	
CITY-ST-ZIP	RALEIGH NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Miller, Gerhard A.	
1.3 STREET ADDRESS	6601 Six Forks Road	
1.4 CITY-ST-ZIP	Raleigh, NC 27615	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: Jeannie B Green VP + Assl. Sec. 4/15/99 919-846-4187
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)