## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 03, 2006 8:00 am Secretary of State

04-03-2006 90413 037 \*\*\*150.00

DOCUMENT # 819282  1. Entity Name GENWORTH MORTGAGE INSURANCE CORPORATION OF NORTH CAROLINA				04-03-2006 90413 037 ***150.00				
Principal Plac	e of Business	Mailing Address				<b>.</b>		
6601 SIX FORKS ROAD		6601 SIX FORKS ROAD	6601 SIX FORKS ROAD			500083	714	
P.O. BOX 177800		P.O. BOX 177800				00000	4.4	
RALEIGH, NC 27615-6519		RALEIGH, NC 27615-6	RALEIGH, NC 27615-6519		1 KIRIN 18818 318 DE 18168			
D. Drivatinal D	Non of Puri	12 Mailion Address		_{				
Z. Principal P	lace of Business	3. Mailing Address				<u> </u>	11	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Cha B	CR2E034 (11/05)		
	_			03292006	Chg-P	CR2E034 (11/03)	=	
City & State		City & State	City & State		er 0004	<del>    -</del>	oplied For	
70		Zip	Camatan	56-072	9821		ot Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	S8.75 Add Fee Require		
-	6. Name and Address of Curren	t Registered Agent		7. Name and	Address of New	Registered Agent		
		Name	Name					
CHIEF FINANCIAL OFFICER			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
	3200 (32314-6200)		Street Address	S (F.O. BOX NOTED	er is Not Accepta			
200 E. GAINES ST   TALLAHASSEE, FL 32399-0000								
			City			Zip Coo	ie.	
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registered office or regist	tered agent, or bo	th, in the State of	Florida. I am familiar with,	and accept	
u le congai	don's or registered agent.							
SIGNATURE.	Signature, typed or printed name of registered agei					DATE		
	Signature, typed or printed name of registered agei	nt and little iii applicable. (NOTE	: Registered Agent signature requi	red when reinstating)		DATE	***	
	E NOW!!! EEE 10 6450 00	9. Election Campai	an Financina \$	5.00 May Be				
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	Trust Fund Conti		dded to Fees				
10.	OFFICERS ANI	D DIRECTORS	11.	AUULIUNG	CHANGES TO O	FFICERS AND DIRECTOR	S IN 11	
TITLE	VD	X Selete	TITLE P/		OTHER DESIGNATION OF THE PERSON OF THE PERSO	☐ Change	K Addition	
NAME	MILLER, GERHARD A	-27 641616		in D. Scl	nneider		7.00.00	
STREET ADDRESS	6601 SIX FORKS RD.			1 Six For				
CITY-ST-ZIP	RALEIGH, NC 27615		OUTH OT THE	eigh, NC				
TITLE	V	☐ Delete	TITLE			☐ Change	Addition	
NAME	GREEN, JEANNIE B		NAME					
STREET ADDRESS	6601 SIX FORKS ROAD		STREET ADDRESS					
CITY-ST-ZIP	RALEIGH, NC.,		CITY+ST-ZIP					
TITLE	VTD	☐ Delete	TITLE			☐ Change	Addition	
NAME CIRCLY ADDRESS	DALL, MARCIA A 6601 SIX FORKS ROAD		NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	RALEIGH, NC 27615		CITY-\$1-ZIP					
TITLE	VS	O Puter	TITLE			Change	Addition	
NAME	TAGGART, JOHN C	☐ Delete	NAME			L'1 change	Addition	
STREET ADDRESS	6601 SIX FORKS ROAD		STREET ADDRESS					
CITY-ST-ZIP	RALEIGH, NC 27615		CITY-ST-ZIP					
TITLE	PD	☐ Delete	TITLE C/	'D		XX Change	☐ Addition	
NAME	MANN, THOMAS H.			mas H. Ma	ann	_ •		
STREET ADDRESS	6601 SIX FORKS ROAD		STREET ADDRESS					
CITY-ST-ZIP	RALEIGH, NC		CITY-ST-ZIP					
TITLE	VD	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	RABITZ, JO ANN		NAME					
STREET ADDRESS	6601 SIX FORKS ROAD		STREET ADDRESS					
CITY-ST-ZIP	RALEIGH, NC 27615		CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_