

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90078 049 ***150.00

0622706 AT

DOCUMENT # 819282

1. Entity 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**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **56-0729821** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
STATE OF FLORIDA
TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	MILLER, GERHARD A	
STREET ADDRESS	6601 SIX FORKS RD.	
CITY-ST-ZIP	RALEIGH NC 27615	
TITLE	V	<input type="checkbox"/> Delete
NAME	GREEN, JEANNIE B	
STREET ADDRESS	6601 SIX FORKS ROAD	
CITY-ST-ZIP	RALEIGH, NC.	
TITLE	VD	<input checked="" 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	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RABITZ, JO ANN	
STREET ADDRESS	6601 SIX FORKS ROAD	
CITY-ST-ZIP	RALEIGH NC 27615	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MarCIA A. Dall	
STREET ADDRESS	6601 Six Forks Road	
CITY-ST-ZIP	Raleigh, NC 27615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 4/7/03 919-846-4187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)