

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-03-2006 90413 039 ***150.00

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1. Entity Name
GENWORTH RESIDENTIAL MORTGAGE INSURANCE CORPORATION OF NORTH CAROLINA

Principal Place of Business Mailing Address
6601 SIX FORKS RD. RALEIGH, NC 27615

50008712



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

03292006 Chg-P CR2E034 (11/05)

City & State City & State

4. FEI Number **38-1997500** Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
 NAME **MANN, THOMAS H**
 STREET ADDRESS **6601 SIX FORKS ROAD**
 CITY-ST-ZIP **RALEIGH, NC 27615**

TITLE **C/D** Change Addition
 NAME **Thomas H. Mann**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **DALL, MARCIA A**
 STREET ADDRESS **6601 SIX FORKS RD.**
 CITY-ST-ZIP **RALEIGH, NC 27615**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **GREEN, JEANNIE B**
 STREET ADDRESS **6601 SIX FORKS ROAD**
 CITY-ST-ZIP **RALEIGH, NC 27615**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VS** Delete
 NAME **TAGGART, JOHN C**
 STREET ADDRESS **6601 SIX FORKS ROAD**
 CITY-ST-ZIP **RALEIGH, NC 27615**

TITLE **S** Change Addition
 NAME **Thomas F. Kleissler**
 STREET ADDRESS **6601 Six Forks Road**
 CITY-ST-ZIP **Raleigh, NC 27615**

TITLE **VD** Delete
 NAME **MILLER, GERHARD A**
 STREET ADDRESS **6601 SIX FORKS ROAD**
 CITY-ST-ZIP **RALEIGH, NC 27615**

TITLE **P/D** Change Addition
 NAME **Kevin D. Schneider**
 STREET ADDRESS **6601 Six Forks Road**
 CITY-ST-ZIP **Raleigh, NC 27615**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: *Jeannie B. Green*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-06
 Date

Daytime Phone #