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 # **838693** **(0)**

1. Corporation Name

FORESTVIEW MORTGAGE INSURANCE CO.

Principal Place of Business

601 MONTGOMERY ST
P.O. BOX 3836
SAN FRANCISCO CA 94111-2603

Mailing Address

601 MONTGOMERY ST
P.O. BOX 3836
SAN FRANCISCO CA 94111-2603

3. Date Incorporated or Qualified: **06/30/1977**

3a. Date of Last Report: **04/12/1995**

4. FEI Number: **94-2199056** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 ____ Suite, Apt. #, etc. 22 ____ City & State 23 ____ Zip 24 ____ Country 25 ____

2a. Mailing Address
26 ____ Suite, Apt. #, etc. 27 ____ City & State 28 ____ Zip 29 ____ Country 30 ____

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399

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 Section 607.0502 and 607.1505, 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 _____

OFFICERS AND DIRECTORS

12.

TYPE: SV
NAME: BREED, GEORGE G.
STREET ADDRESS: 1142 UNION STREET
CITY-ST-ZIP: SAN FRANCISCO CA
☒ DELETE

TYPE: TVD
NAME: LORENZEN, JOHN M., JR.
STREET ADDRESS: 185 EDINBURGH CIRCLE
CITY-ST-ZIP: DANVILLE CA
☒ DELETE

TYPE: P
NAME: HAUGHTON, W. ROGER
STREET ADDRESS: 1819 ST. NORBERT
CITY-ST-ZIP: DANVILLE CA
☒ DELETE

TYPE: V
NAME: WAGNER, JAMES R.
STREET ADDRESS: 233 GRANELLI AVENUE
CITY-ST-ZIP: HALF MOON BAY CA
☐ DELETE

TYPE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ DELETE

TYPE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

13.1 TITLE: S/D
13.2 NAME: Kalaidjian, Emma M.
13.3 STREET ADDRESS: 2775 Sanders Road, A8
13.4 CITY-ST-ZIP: Northbrook, IL 60062
☐ Change ☒ Addition

13.1 TITLE: D
13.2 NAME: Pilch, Samuel H.
13.3 STREET ADDRESS: 3075 Sanders Road, H1A
13.4 CITY-ST-ZIP: Northbrook, IL 60062
☐ Change ☒ Addition

13.1 TITLE: P/D
13.2 NAME: Wilson, Thomas J.
13.3 STREET ADDRESS: 2775 Sanders Road, F8
13.4 CITY-ST-ZIP: Northbrook, IL 60062
☐ Change ☒ Addition

13.1 TITLE: T/V
13.2 NAME: Zils, James P.
13.3 STREET ADDRESS: 2775 Sanders Road, B3
13.4 CITY-ST-ZIP: Northbrook, IL 60062
☐ Change ☒ Addition

13.1 TITLE: V
13.2 NAME: Feightner, Paul M.
13.3 STREET ADDRESS: 3075 Sanders Road, H1A
13.4 CITY-ST-ZIP: Northbrook, IL 60062
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is voluntarily furnished and 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.

SIGNATURE: _____ Emma M. Kalaidjian February 7, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

0498093 FP

CR2E034 (12/95)