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FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/30/1977	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State
27. Zip	28. Country	29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32399				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD KALAJDIAN, EMMA M	1.1 TITLE	
NAME	2775 SANDERS ROAD, A8	1.2 NAME	
STREET ADDRESS	NORTHBROOK IL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	DV PILCH, SAMUEL H	2.1 TITLE	
NAME	3075 SANDERS ROAD, H1A	2.2 NAME	
STREET ADDRESS	NORTHBROOK IL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	PD WILSON, THOMAS J	3.1 TITLE	
NAME	2775 SANDERS ROAD, F8	3.2 NAME	
STREET ADDRESS	NORTHBROOK IL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	TV ZILS, JAMES P	4.1 TITLE	
NAME	2775 SANDERS ROAD, B3	4.2 NAME	
STREET ADDRESS	NORTHBROOK IL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	V FEIGHTNER, PAUL M	5.1 TITLE	
NAME	3075 SANDERS ROAD, H1A	5.2 NAME	
STREET ADDRESS	NORTHBROOK IL 60062	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	V GARDNER, KAREN C	6.1 TITLE	
NAME	2775 SANDERS ROAD G2B	6.2 NAME	
STREET ADDRESS	NORTHBROOK IL	6.3 STREET ADDRESS	
CITY - ST - ZIP		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

SIGNATURE

Emma M. Kalaidjian 3/6/98 847.402-7890

CR2E034 (10/97)