

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 02, 1999 8:00 am  
Secretary of State

04-02-1999 90037 012 \*\*\*150.00

DOCUMENT # 838693

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

3. Date Incorporated or Qualified

06/30/1977

4. FEI Number

94-2199056

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

7. Trust Fund Contribution  
8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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 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

TITLE	SD	<input type="checkbox"/> DELETE
NAME	KALAJIAN, EMMA M	
STREET ADDRESS	2775 SANDERS ROAD, A8	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PILCH, SAMUEL H	
STREET ADDRESS	3075 SANDERS ROAD, H1A	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILSON, THOMAS J	
STREET ADDRESS	2775 SANDERS ROAD, F8	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	ZILS, JAMES P	
STREET ADDRESS	2775 SANDERS ROAD, B3	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FEIGHTNER, PAUL M	
STREET ADDRESS	3075 SANDERS ROAD, H1A	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GARDNER, KAREN C	
STREET ADDRESS	2775 SANDERS ROAD G2B	
CITY-ST-ZIP	NORTHBROOK IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	60062
2.1 TITLE	Vice President, Controller / Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	60062
3.1 TITLE	President and CEO <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	60062
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	60062
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	60062
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	60062

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0555323