

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 838693**

1. Entity Name

FORESTVIEW MORTGAGE INSURANCE CO.**FILED****Apr 24, 2001 8:00 am**
Secretary of State

04-24-2001 90037 006 ***150.00

Principal Place of Business

**2468 PROSPECT PARK DRIVE
5TH FLOOR
RANCHO CORDOVA CA 95670**

Mailing Address

**3075 SANDERS RD
STE HA
NORTHBROOK IL 60062-7127**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **94-2199056**

Applied For

Not Applicable

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****INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KALAJDIAN, EMMA M	
STREET ADDRESS	2775 SANDERS ROAD, A8	
CITY-ST-ZIP	NORTHBROOK IL 60062	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLIVAN, KEVIN T.	
STREET ADDRESS	2775 SANDERS ROAD	
CITY-ST-ZIP	NORTHBROOK IL 60062	

TITLE	VD	<input type="checkbox"/> Delete
NAME	PILCH, SAMUEL H	
STREET ADDRESS	3075 SANDERS ROAD, H1A	
CITY-ST-ZIP	NORTHBROOK IL 60062	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILSON, THOMAS J	
STREET ADDRESS	2775 SANDERS ROAD, F8	
CITY-ST-ZIP	NORTHBROOK IL 60062	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCNEIL, RONALD D.	
STREET ADDRESS	2775 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL 60062	

TITLE	TV	<input type="checkbox"/> Delete
NAME	ZILS, JAMES P	
STREET ADDRESS	2775 SANDERS ROAD, B3	
CITY-ST-ZIP	NORTHBROOK IL 60062	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	SYLLA, CASEY J	
STREET ADDRESS	2775 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL 60062	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	GARDNER, KAREN C	
STREET ADDRESS	2775 SANDERS ROAD G2B	
CITY-ST-ZIP	NORTHBROOK IL 60062	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Lynn Cirrincione**SIGNATURE:***Lynn Cirrincione*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Authorized Representative 4/16/01**

Date

Daytime Phone #

(847) 402-3029

CP2E034 (10/00)