

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

**FILED**

**Feb 24 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 856226 (6)**  
1. Corporation Name  
**GENERAL ELECTRIC HOME EQUITY INSURANCE CORPORATION OF NORTH CAROLINA**



Principal Place of Business <b>6601 SIX FORKS ROAD RALEIGH NC 27615 US</b>	Mailing Address <b>6601 SIX FORKS ROAD RALEIGH NC 27615 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>04/25/1983</b>	4. FEI Number <b>38-2422710</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc	26. Suite, Apt. #, etc	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
23. Zip	28. Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24. Country	29. Country			

9. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL</b>		81. Name	10. Name and Address of New Registered Agent	
		82. Street Address (P.O. Box Number is Not Acceptable)		
		83.		
		84. City	<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>C</b>	<b>BARMORE, GREGORY T</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>V/T</b>
NAME			1.2 NAME <b>Marsico, Samuel D.</b>
STREET ADDRESS <b>6601 SIX FORKS ROAD</b>			1.3 STREET ADDRESS <b>6601 Six Forks Road</b>
CITY-ST-ZIP <b>RALEIGH NC</b>			1.4 CITY-ST-ZIP <b>Raleigh, NC 27615</b>
TITLE <b>S</b>	<b>HINKLE, CATHERINE D.</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>V/S</b>
NAME			2.2 NAME <b>Taggart, John C.</b>
STREET ADDRESS <b>6601 SIX FORKS ROAD</b>			2.3 STREET ADDRESS <b>6601 Six Forks Road</b>
CITY-ST-ZIP <b>RALEIGH NC</b>			2.4 CITY-ST-ZIP <b>Raleigh, NC 27615</b>
TITLE <b>SVPD</b>	<b>LITTLES, CAROLYN S</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>V/D</b>
NAME			3.2 NAME <b>Weiland, Theodore F.</b>
STREET ADDRESS <b>6601 6TH FORK ROAD</b>			3.3 STREET ADDRESS <b>6601 Six Forks Road</b>
CITY-ST-ZIP <b>RALEIGH NC</b>			3.4 CITY-ST-ZIP <b>Raleigh, NC 27615</b>
TITLE <b>V</b>	<b>GREEN, JEANNIE B</b>	<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS <b>6601 SIX FORKS ROAD</b>			4.3 STREET ADDRESS
CITY-ST-ZIP <b>RALEIGH NC</b>			4.4 CITY-ST-ZIP
TITLE <b>PD</b>	<b>MANN, THOMAS H.</b>	<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS <b>6601 6TH FORK ROAD</b>			5.3 STREET ADDRESS
CITY-ST-ZIP <b>RALEIGH NC</b>			5.4 CITY-ST-ZIP
TITLE <b>MD</b>	<b>HECK, MARTIN H</b>	<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS <b>6601 SIX FORKS ROAD</b>			6.3 STREET ADDRESS
CITY-ST-ZIP <b>RALEIGH NC</b>			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 *Jeannie B. Green* **Jeannie B. Green** 2/24/98 919-846-4187

CR2E034 (10/97)