

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90413 035 \*\*\*150.00

**50008716**



03292006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # 856226</b>							
1. Entity Name GENWORTH HOME EQUITY INSURANCE CORPORATION							
Principal Place of Business 6601 SIX FORKS ROAD RALEIGH, NC 27615 US			Mailing Address 6601 SIX FORKS ROAD RALEIGH, NC 27615 US				
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 <b>38-2422710</b>			
				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	TAGGART, JOHN C.		NAME				
STREET ADDRESS	6601 SIX FORKS ROAD		STREET ADDRESS				
CITY - ST - ZIP	RALEIGH, NC 27615		CITY - ST - ZIP				
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DALL, MARCIA A		NAME				
STREET ADDRESS	6601 SIX FORKS ROAD		STREET ADDRESS				
CITY - ST - ZIP	RALEIGH, NC 27615		CITY - ST - ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GREEN, JEANNIE B		NAME				
STREET ADDRESS	6601 SIX FORKS ROAD		STREET ADDRESS				
CITY - ST - ZIP	RALEIGH, NC 27615		CITY - ST - ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MANN, THOMAS H.		NAME	Thomas H. Mann			
STREET ADDRESS	6601 SIX FORKS ROAD		STREET ADDRESS				
CITY - ST - ZIP	RALEIGH, NC 27615		CITY - ST - ZIP				
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MILLER, GERHARD A		NAME	Kevin D. Schneider			
STREET ADDRESS	6601 SIX FORKS ROAD		STREET ADDRESS	6601 Six Forks Road			
CITY - ST - ZIP	RALEIGH, NC 27615		CITY - ST - ZIP	Raleigh, NC 27615			
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RABITZ, JO ANN		NAME				
STREET ADDRESS	6601 SIX FORKS ROAD		STREET ADDRESS				
CITY - ST - ZIP	RALEIGH, NC 27615		CITY - ST - ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Jeannie B Green</u>			Date: <u>3-31-06</u>				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #				