

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 856226

FILED
Jan 13, 2012
Secretary of State

Entity Name: GENWORTH HOME EQUITY INSURANCE CORPORATION

Current Principal Place of Business:

8325 SIX FORKS ROAD
RALEIGH, NC 27615 US

New Principal Place of Business:

Current Mailing Address:

8325 SIX FORKS ROAD
RALEIGH, NC 27615 US

New Mailing Address:

FEI Number: 38-2422710 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VS
Name: TAGGART, JOHN C.
Address: 8325 SIX FORKS ROAD
City-St-Zip: RALEIGH, NC 27615

Title: VT
Name: MITCHELL, HARDIN D
Address: 8325 SIX FORKS ROAD
City-St-Zip: RALEIGH, NC 27615

Title: V
Name: GREEN, JEANNIE B
Address: 8325 SIX FORKS ROAD
City-St-Zip: RALEIGH, NC 27615

Title: VD
Name: BENNISON, JAMES R
Address: 8325 SIX FORKS ROAD
City-St-Zip: RALEIGH, NC 27615

Title: PD
Name: SCHNEIDER, KEVIN D
Address: 8325 SIX FORKS RD
City-St-Zip: RALEIGH, NC 27615

Title: VD
Name: GUPTA, ROHIT
Address: 8325 SIX FORKS ROAD
City-St-Zip: RALEIGH, NC 27615

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANGELA DANIEL

AS

01/13/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date