2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# F02000003874

Entity Name: REPUBLIC MORTGAGE INSURANCE COMPANY OF NORTH CAROLINA

Current Principal Place of Business:

101 N. CHERRY STREET
WINSTON-SALEM, NC 27101

New Principal Place of Business:

Current Mailing Address:

PO BOX 2514
WINSTON-SALEM, NC 27102

New Mailing Address:

FEI Number: 52-0990482 **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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SIMPSON, WILLIAM A
Address: 5770 BALSOM RD
City-St-Zip: PFAFFTOWN, NC 27040

Title: VP ( ) Delete
Name: PASTERNAK, JOEL H
Address: 4109 CHERRY LAUREL LANE
City-St-Zip: WINSTON-SALEM, NC 27104

Title: S ( ) Delete
Name: DIXON, ELIZABETH A
Address: 171 VALLEY OAKS DR.
City-St-Zip: ADVANCE, NC 27006

Title: T ( ) Delete
Name: CASH, DAVID C
Address: 4113 ALLISTAIR RD
City-St-Zip: WINSTON SALEM, NC 27104

Title: D ( ) Delete
Name: DEW, JIMMY A
Address: 407 RIVERBEND DR.
City-St-Zip: ADVANCE, NC 27006

Title: AS ( ) Delete
Name: MARTIN, CRYSTAL E
Address: 101 BROOKVALLEY ROAD
City-St-Zip: KING, NC 27021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CRYSTAL E MARTIN AS 03/16/2009

Electronic Signature of Signing Officer or Director — Date