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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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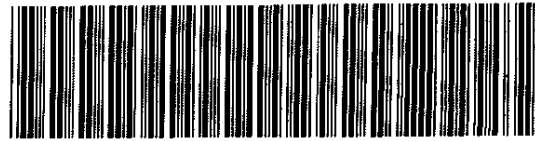
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

EP 2/16/10

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** 8325 Six Forks Road, Raleigh, NC 27615

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Angela Daniel

Name of Person

Genworth Mortgage Reinsurance Corporation

Firm/Company

8325 Six Forks Road

Address

Raleigh, NC 27615

City/State and Zip code

Angela.Daniel@genworth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Daniel

at (919) 846-4123

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Genworth Mortgage Reinsurance Corporation

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. North Carolina

(State or country under the law of which it is incorporated)

3. 56-2142304

(FEI number, if applicable)

4. 07/14/2000

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 8325 Six Forks Road, Raleigh, NC 27615

(Principal office address)

8325 Six Forks Road, Raleigh, NC 27615

(Current mailing address)

8. Reinsurance for Mortgage Guaranty

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Chief Financial Officer

Office Address: 200 East Gaines Street

Tallahassee, , Florida 32399

(City)

(Zip code)

10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Insurance Company - so Dept is Agent

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Kevin D. Schneider

Address: 8325 Six Forks Road,  
Raleigh, NC 27615

Vice Chairman: None - Director: Rohit Gupta

Address: 8325 Six Forks Road,  
Raleigh, NC 27615

Director: Georgette Nicholas

Address: 8325 Six Forks Road  
Raleigh, NC 27615

Director: Thomas K. Parrent

Address: 8325 Six Forks Road  
Raleigh, NC 27615

**B. OFFICERS**

President: Kevin D. Schneider

Address: 8325 Six Forks Road  
Raleigh, NC 27615

Vice President: Rohit Gupta

Address: 8325 Six Forks Road, Raleigh, NC 27615  
8325 Six Forks Road, Raleigh, NC 27615

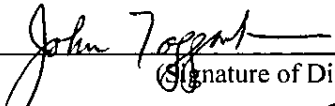
Secretary: John C. Taggart

Address: 8325 Six Forks Road, Raleigh, NC 27615

Treasurer: Georgette C. Nicholas

Address: 8325 Six Forks Road, Raleigh, NC 27615

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. John Taggart, Secretary  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA



# NORTH CAROLINA

## Department of The Secretary of State

### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

### GENWORTH MORTGAGE REINSURANCE CORPORATION

is a corporation duly incorporated under Chapter 58 of the North Carolina General Statutes, having been incorporated on the 5th day of March, 1999 with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the articles of incorporation of Selective Insurance Company are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 3rd day of February, 2010.

*Elaine F. Marshall*

Secretary of State

