FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:43

DOCUMENT # F93000002164 (2)

1. Corporation Name

PRIVATE RESIDENTIAL MORTGAGE INSURANCE CORPORATI ON

Principal Place of Business	Mailing Address
6601 SIX FORKS ROAD RALEIGH NC 27615	6601 SIX FORKS ROAD RALEIGH NC 27615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1993	3a. Date of Last Report: 02/11/1994
4. FEI Number: 56-1775870	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
STATE CAPITOL, PLAZA LEVEL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.0505, 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: _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	C	41 TITLE	PD Title ☒ Change ☐ Addition
12 NAME	BARMORE, GREGORY T	42 NAME	Barmore, Gregory T.
13 STREET ADDRESS	6601 SIX FORKS ROAD	43 STREET ADDRESS	6601 Six Forks Road
14 CITY-ST ZIP	RALEIGH NC 27615	44 CITY-ST ZIP	Raleigh, NC 27615
21 TITLE	PD	51 TITLE	MD Title ☒ Change ☐ Addition
22 NAME	HECK, MARTIN H	52 NAME	Heck, Martin H.
23 STREET ADDRESS	6601 SIX FORKS ROAD	53 STREET ADDRESS	6601 Six Forks Road
24 CITY-ST ZIP	RALEIGH NC	54 CITY-ST ZIP	Raleigh, NC 27615
31 TITLE	VD	61 TITLE	V ☐ Change ☒ Addition
32 NAME	MILLER, GERHARD A	62 NAME	Green, Jeannie B.
33 STREET ADDRESS	6601 SIX FORKS ROAD	63 STREET ADDRESS	6601 Six Forks Road
34 CITY-ST ZIP	RALEIGH NC	64 CITY-ST ZIP	Raleigh, NC 27615
41 TITLE	VTD	71 TITLE	☐ Change ☐ Addition
42 NAME	BOROM, MICHAEL P	72 NAME	
43 STREET ADDRESS	6601 SIX FORKS ROAD	73 STREET ADDRESS	
44 CITY-ST ZIP	RALEIGH NC	74 CITY-ST ZIP	
51 TITLE	S	81 TITLE	☐ Change ☐ Addition
52 NAME	HINKLE, CATHERINE D	82 NAME	
53 STREET ADDRESS	6601 SIX FORKS ROAD	83 STREET ADDRESS	
54 CITY-ST ZIP	RALEIGH NC 27615	84 CITY-ST ZIP	
61 TITLE	VD	91 TITLE	V Title ☒ Change ☐ Addition
62 NAME	LOPES, STUART M	92 NAME	Lopes, Stuart M.
63 STREET ADDRESS	6601 SIX FORKS RD	93 STREET ADDRESS	6601 Six Forks Road
64 CITY-ST ZIP	RALEIGH NC	94 CITY-ST ZIP	Raleigh, NC 27615

14. I do hereby certify that the information supplied with this report is 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 2/1/95 (919) 846-4187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0476100 FF