2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005
Secretary of State

DOCUMENT# F93000002164

Entity Name: PRIVATE RESIDENTIAL MORTGAGE INSURANCE CORPORATION

Current Principal Place of Business:

6601 SIX FORKS ROAD
RALEIGH, NC 27615

New Principal Place of Business:

Current Mailing Address:

6601 SIX FORKS ROAD
RALEIGH, NC 27615

New Mailing Address:

FEI Number: 56-1775870 **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: VD ( ) Delete
Name: MILLER, GERHARD A
Address: 6601 SIX FORKS ROAD
City-St-Zip: RALEIGH, NC 27615

Title: V ( ) Delete
Name: GREEN, JEANNIE B
Address: 6601 SIX FORKS ROAD
City-St-Zip: RALEIGH, NC

Title: VTD ( ) Delete
Name: DALL, MARCIA A
Address: 6601 SIX FORKS RD
City-St-Zip: RALEIGH, NC 27615

Title: VS ( ) Delete
Name: TAGGART, JOHN C.
Address: 6601 SIX FORKS ROAD
City-St-Zip: RALEIGH, NC 27615

Title: PD ( ) Delete
Name: MANN, THOMAS H
Address: 6601 SIX FORKS RD
City-St-Zip: RALEIGH, NC 27615

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANGELA DANIEL AS 01/07/2005

Electronic Signature of Signing Officer or Director — Date