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Feb 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000002785 (1)

1. Corporation Name

NORTH AMERICAN MORTGAGE INSURANCE SERVICES, INC.



Principal Place of Business

PO BOX 808005  
PETALUMA CA 94975

Mailing Address

PO BOX 808005  
PETALUMA CA 94975-8005

2. Principal Place of Business

21 2170 Northpoint Parkway

Suite, Apt. #, etc.

22 Suite D

City & State

23 Santa Rosa, CA

Zip

24 95407

Country

25 USA

2a. Mailing Address

26 P.O. Box 808002

Suite, Apt. #, etc.

27 n/a

City & State

28 Petaluma, CA

Zip

29 94975

Country

30 USA

3. Date Incorporated or Qualified

06/04/1996

3a. Date of Last Report

first filing

4. FEI Number

94-2975976

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CCEO ☐ DELETE

NAME HODEL, TERRANCE G

STREET ADDRESS 3883 AIRWAY DR.

CITY - ST - ZIP SANTA ROSA CA 95403

TITLE D ☐ DELETE

NAME CONWAY, MICHAEL

STREET ADDRESS 3883 AIRWAY DR.

CITY - ST - ZIP SANTA ROSA CA 95403

TITLE D ☐ DELETE

NAME GALLAGHER, ROBERT H

STREET ADDRESS 3883 AIRWAY DR.

CITY - ST - ZIP SANTA ROSA CA 95403

TITLE P ☐ DELETE

NAME MARTIN, SCOTT R

STREET ADDRESS 2170 NORTHPOINT PARKWAY, STE. D

CITY - ST - ZIP SANTA ROSA CA 95407

TITLE CFO ☐ DELETE

NAME HUGHES, MARTIN S

STREET ADDRESS 3883 AIRWAY DR.

CITY - ST - ZIP SANTA ROSA CA 95403

TITLE S ☐ DELETE

NAME VOGT, CAROLYN O

STREET ADDRESS 3883 AIRWAY DR.

CITY - ST - ZIP SANTA ROSA CA 95403

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and 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:

*Sandra B. Mortham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/97

Date

(707) 524-6800

Daytime Phone #

CR2E034 (9/96)