

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000002785 (1)**

1. Corporation Name

**NORTH AMERICAN MORTGAGE INSURANCE SERVICES, INC.**



Principal Place of Business <b>2170 NORTHPOINT PARKWAY SUITE D SANTA ROSA CA 95407 US</b>	Mailing Address <b>PO BOX 808002 N/A PETALUMA CA 94975 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>		3. Date Incorporated or Qualified <b>06/04/1996</b>	
		4. FEI Number <b>94-2975976</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CCEO</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HODEL, TERRANCE G</b>	1.2 NAME	<b>Gino J. Vezzani</b>
STREET ADDRESS	<b>3883 AIRWAY DR.</b>	1.3 STREET ADDRESS	<b>1431 Opus Place, St. 210</b>
CITY-ST-ZIP	<b>SANTA ROSA CA 95403</b>	1.4 CITY-ST-ZIP	<b>Downers Grove, IL 60515</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CONWAY, MICHAEL</b>	2.2 NAME	<b>Harold B. Bonnikson</b>
STREET ADDRESS	<b>3883 AIRWAY DR.</b>	2.3 STREET ADDRESS	<b>3883 Airway Drive</b>
CITY-ST-ZIP	<b>SANTA ROSA CA 95403</b>	2.4 CITY-ST-ZIP	<b>Santa Rosa, CA 95403</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GALLAGHER, ROBERT H</b>	3.2 NAME	<b>Richard A. Mirro</b>
STREET ADDRESS	<b>3883 AIRWAY DR.</b>	3.3 STREET ADDRESS	<b>6200 Courtney Campbell Cswy., St. 300</b>
CITY-ST-ZIP	<b>SANTA ROSA CA 95403</b>	3.4 CITY-ST-ZIP	<b>Tampa, FL 33607</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, SCOTT R</b>	4.2 NAME	
STREET ADDRESS	<b>2170 NORTHPOINT PARKWAY, STE. D</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA ROSA CA 95407</b>	4.4 CITY-ST-ZIP	
TITLE	<b>CFO</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>CFO</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HUGHES, MARTIN S</b>	5.2 NAME	<b>Gayle E. Davidson</b>
STREET ADDRESS	<b>3883 AIRWAY DR.</b>	5.3 STREET ADDRESS	<b>6200 Courtney Campbell Cswy., St. 300</b>
CITY-ST-ZIP	<b>SANTA ROSA CA 95403</b>	5.4 CITY-ST-ZIP	<b>Tampa, FL 33607</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VOGT, CAROLYN O</b>	6.2 NAME	<b>Lance J. Bennett</b>
STREET ADDRESS	<b>3883 AIRWAY DR.</b>	6.3 STREET ADDRESS	<b>EAB Plaza, 15th Floor</b>
CITY-ST-ZIP	<b>SANTA ROSA CA 95403</b>	6.4 CITY-ST-ZIP	<b>Uniondale, NY 11556</b>

14. I 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: *Scott R. Martin* 3/4/98 702-524-6800

CR2E034 (10/97)