


**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90002 017 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F96000002785</b> 1. Corporation Name <b>NORTH AMERICAN MORTGAGE INSURANCE SERVICES, INC.</b> ✓					
Principal Place of Business 2170 NORTHPOINT PARKWAY SUITE D SANTA ROSA CA 95407 US			Mailing Address PO BOX 808002 N/A PETALUMA CA 94975 US		
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>06/04/1996</b>	
23 City & State		27 City & State		4. FEI Number <b>94-2975976</b>	
24 Zip Country		28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26 Country		30 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>			10. Name and Address of New Registered Agent 81 Name <b>CORPORATION SERVICE COMPANY</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hays Street</b> 83 84 City <b>Tallahassee, FL</b> 85 Zip Code <b>32301</b>		
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 <i>Deborah H. Skipper</i> <b>as agent</b> DATE <b>4-13-99</b> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>VEZZANI, GINO J</b> STREET ADDRESS <b>1431 OPUS PLACE, ST 210</b> CITY-ST-ZIP <b>DOWNS GROVE FL 80515</b>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <b>D</b> <input checked="" type="checkbox"/> DELETE NAME <b>BONNIKSON, HAROLD B</b> STREET ADDRESS <b>3883 AIRWAY DRIVE</b> CITY-ST-ZIP <b>SANTA ROSA CA 95403</b>			2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME <b>Paul Allen</b> 2.3 STREET ADDRESS <b>6200 Courtney Campbell Cswy, St. 300</b> 2.4 CITY-ST-ZIP <b>Tampa, FL 33607</b>		
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>MIRRO, RICHARD A</b> STREET ADDRESS <b>6200 COURTNEY CAMPBELL CSWY., ST 300</b> CITY-ST-ZIP <b>TAMPA FL 33607</b>			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <b>P</b> <input type="checkbox"/> DELETE NAME <b>MARTIN, SCOTT R</b> STREET ADDRESS <b>2170 NORTHPOINT PARKWAY, STE. D</b> CITY-ST-ZIP <b>SANTA ROSA CA 95407</b>			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <b>CFO</b> <input type="checkbox"/> DELETE NAME <b>DAVIDSON, GAYLE E</b> STREET ADDRESS <b>6200 COURTNEY CAMPBELL CSWY., ST 300</b> CITY-ST-ZIP <b>TAMPA FL 33607</b>			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <b>S</b> <input type="checkbox"/> DELETE NAME <b>BENNETT, LANCE J</b> STREET ADDRESS <b>EAB PLAZA, 15TH FLOOR</b> CITY-ST-ZIP <b>UNIONDALE NY 11558</b>			6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS <b>EAB Plaza, 10th Floor</b> 6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: *Scott R. Martin* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Scott R. Martin, President**

2/1/99

707-524-6800

Date

Daytime Phone #

CR2F034-11/98

**NORTH AMERICAN MORTGAGE INSUR****SCHEDULE A - LIST OF OFFICERS**

F96000002785  
471101-90055-14

<u>Name</u>	<u>Position</u>	<u>Business Address</u>
Scott R. Martin	President	2170 Northpoint Santa Rosa, CA. 95407
Gayle E. Davidson	Chief Financial Officer	6200 Courtney Campbell Causeway, Suite 300 Tampa, FL. 33607
Abraham Ossip	Senior Vice President	EAB Plaza, East Tower, 15 <sup>th</sup> Floor Uniondale, NY 11556
Stanley Birnbaum	Vice President	3883 Airway Drive Santa Rosa, CA. 95403
John Dowling	Vice President	EAB Plaza, East Tower, 15 <sup>th</sup> Floor Uniondale, NY 11556
James Wicks	Vice President	EAB Plaza, East Tower, 15 <sup>th</sup> Floor Uniondale, NY 11556
Anthony J. Mione	Vice President	5100 W. Lemon Street, Suite 109 Tampa, FL 33609
Lance J. Bennett	Secretary	EAB Plaza, East Tower, 10 <sup>th</sup> Floor Uniondale, NY 11556
Christine M. Bickerton	Assistant Secretary	EAB Plaza, East Tower, 10 <sup>th</sup> Floor Uniondale, NY 11556
Linda E. Flood	Assistant Secretary	EAB Plaza, East Tower, 10 <sup>th</sup> Floor Uniondale, NY 11556
Craig J. Henneberger	Assistant Secretary	EAB Plaza, East Tower, 10 <sup>th</sup> Floor Uniondale, NY 11556
Paul Marcotrigiano	Assistant Secretary	589 Fifth Avenue New York, NY 10017

**SCHEDULE B - LIST OF DIRECTORS**

<u>Name</u>	<u>Position</u>	<u>Business Address</u>
Paul Allen	Director	6200 Courtney Campbell Causeway, Suite 300 Tampa, FL. 33607
Richard A. Mirro	Director	6200 Courtney Campbell Causeway, Suite 300 Tampa, FL. 33607
Gino J. Vezzani	Director	1431 Opus Place, Suite 210 Downers Grove, IL. 60515

01/29/1999