

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra D. Mornham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 20 PM 3:40

DOCUMENT # **P04245** (7)

1. Corporation Name  
**GENERAL ELECTRIC MORTGAGE INSURANCE CORPORATION**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**6601 SIX FORKS RD  
P. O. BOX 177800  
RALEIGH NC 27619-1800**

3. Date Incorporated or Qualified **12/04/1984** 3a. Date of Last Report **02/11/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **31-0985858** Applied For  Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

24 25 29 30

9. Name and Address of Current Registered Agent  
**BILL GUNTER  
INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>CD</b>
NAME	<b>BARMORE, GREGORY T</b>
STREET ADDRESS	<b>6601 SIX FORKS ROAD</b>
CITY - ST - ZIP	<b>RALEIGH NC</b>
TITLE	<b>PD</b>
NAME	<b>HECK, MARTIN H.</b>
STREET ADDRESS	<b>6601 SIX FORKS ROAD</b>
CITY - ST - ZIP	<b>RALEIGH NC</b>
TITLE	<b>VTD</b>
NAME	<b>BOROM, MICHAEL P</b>
STREET ADDRESS	<b>6601 SIX FORKS ROAD</b>
CITY - ST - ZIP	<b>RALEIGH NC</b>
TITLE	<b>VD</b>
NAME	<b>LOPES, STUART M.</b>
STREET ADDRESS	<b>6601 SIX FORKS ROAD</b>
CITY - ST - ZIP	<b>RALEIGH, NC.</b>
TITLE	<b>VD</b>
NAME	<b>MILLER, GERHARD A</b>
STREET ADDRESS	<b>6601 SIX FORKS ROAD</b>
CITY - ST - ZIP	<b>RALEIGH NC</b>
TITLE	<b>SVD</b>
NAME	<b>MILLER, GERHARD A</b>
STREET ADDRESS	<b>6601 SIX FORKS ROAD</b>
CITY - ST - ZIP	<b>RALEIGH NC</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>PCD</b> Title <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Barmore, Gregory T.</b>
1.3 STREET ADDRESS	<b>6601 Six Forks Road</b>
1.4 CITY - ST - ZIP	<b>Raleigh, NC 27615</b>
2.1 TITLE	<b>MD</b> Title <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Heck, Martin H.</b>
2.3 STREET ADDRESS	<b>6601 Six Forks Road</b>
2.4 CITY - ST - ZIP	<b>Raleigh, NC 27615</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Green, Jeannie B.</b>
5.3 STREET ADDRESS	<b>6601 Six Forks Road</b>
5.4 CITY - ST - ZIP	<b>Raleigh, NC 27615</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 addition.

SIGNATURE: *Jeannie B. Green* **Jeannie B. Green** 2/2/95 (919) 846-4187