

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P04245 (7)**
1. Corporation Name
GENERAL ELECTRIC MORTGAGE INSURANCE CORPORATION



Principal Place of Business: 6601 SIX FORKS RD, P. O. BOX 177800, RALEIGH NC 27619-1800
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: 02/20/1995
4. FEI Number: 31-0985858
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

21. Principal Place of Business: Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address: Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

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
85. Zip Code
FL

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 officer 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

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	BARMORE, GREGORY T	
STREET ADDRESS	6601 SIX FORKS ROAD	
CITY-STATE-ZIP	RALEIGH NC	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	HECK, MARTIN H.	
STREET ADDRESS	6601 SIX FORKS ROAD	
CITY-STATE-ZIP	RALEIGH NC	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	BOROM, MICHAEL P	
STREET ADDRESS	6601 SIX FORKS ROAD	
CITY-STATE-ZIP	RALEIGH NC	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LOPES, STUART M.	
STREET ADDRESS	6601 SIX FORKS ROAD	
CITY-STATE-ZIP	RALEIGH, NC.	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, GERHARD A	
STREET ADDRESS	6601 SIX FORKS ROAD	
CITY-STATE-ZIP	RALEIGH NC	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	MILLER, GERHARD A	
STREET ADDRESS	6601 SIX FORKS ROAD	
CITY-STATE-ZIP	RALEIGH NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	SVP and Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Carolyn S. Littles	
3.3 STREET ADDRESS	6601 Six Forks Road	
3.4 CITY-STATE-ZIP	Raleigh, NC 27615	
4.1 TITLE	President & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mike S. Zafirovski	
4.3 STREET ADDRESS	6601 Six Forks Road	
4.4 CITY-STATE-ZIP	Raleigh, NC 27615	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jo Ann B. Rabitz	
5.3 STREET ADDRESS	6601 Six Forks Road	
5.4 CITY-STATE-ZIP	Raleigh, NC 27615	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 119.07(3)(k), 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: *Joanne B. Green, Vice President & Asst. Sec.* 2-21-96 919 846-4187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)