

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

FILED

**Feb 24 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P04245 (7)
1. Corporation Name
GENERAL ELECTRIC MORTGAGE INSURANCE CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6801 SIX FORKS RD P. O. BOX 177800 RALEIGH NC 27619-1800	Mailing Address 6801 SIX FORKS RD P. O. BOX 177800 RALEIGH NC 27619-1800
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3. Date Incorporated or Qualified 12/04/1984
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

4. FEI Number 31-0985858	Applied For
	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent BILL GUNTER INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32301
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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	C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARMORE, GREGORY T	1.2 NAME	Marsico, Samuel D.
STREET ADDRESS	6801 SIX FORKS ROAD	1.3 STREET ADDRESS	6601 Six Forks Road
CITY-ST-ZIP	RALEIGH NC	1.4 CITY-ST-ZIP	Raleigh, NC 27615
TITLE	MD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECK, MARTIN H.	2.2 NAME	
STREET ADDRESS	6801 SIX FORKS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	2.4 CITY-ST-ZIP	
TITLE	SVPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LITTLES, CAROLYN S	3.2 NAME	Weiland, Theodore F.
STREET ADDRESS	6801 8TH FORKS ROAD	3.3 STREET ADDRESS	6601 Six Forks Road
CITY-ST-ZIP	RALEIGH NC	3.4 CITY-ST-ZIP	Raleigh, NC 27615
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, THOMAS H	4.2 NAME	
STREET ADDRESS	6801 8TH FORKS ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JEANNIE B	5.2 NAME	
STREET ADDRESS	6801 8TH FORK ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	5.4 CITY-ST-ZIP	
TITLE	SVD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, GERHARD A	6.2 NAME	
STREET ADDRESS	6801 SIX FORKS ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	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.

SIGNATURE: *Jeannie B. Green* **Jeannie B. Green** 2/5/98 919-846-4187

CR2E034 (10/97)