


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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90022 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P04245

1. Corporation Name
GENERAL ELECTRIC MORTGAGE INSURANCE CORPORATION



DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified 12/04/1984	4. FEI Number 31-0985858	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSICO, SAMUEL D.	1.2 NAME	
STREET ADDRESS	6601 SIX FORKS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27615	1.4 CITY-ST-ZIP	
TITLE	MD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECK, MARTIN H.	2.2 NAME	
STREET ADDRESS	6601 SIX FORKS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27615	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEILANN, THEODORE F.	3.2 NAME	
STREET ADDRESS	6601 6TH FORKS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27615	3.4 CITY-ST-ZIP	
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	6001 6TH FORKS ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27615	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	6601 6TH FORK ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27615	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	6601 SIX FORKS ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27615	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: Jeannie B. Green, VP + Asst. Sec. Date: 4/15/99 Daytime Phone #: (919) 846-4187

CR2E034 (11/98)