

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90552 041 ***150.00

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02032004 No Chg-P CR2E034 (10/03)

DOCUMENT # P04245	
1. Entity 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



DO NOT WRITE IN THIS SPACE

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	

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DALL, MARCIA A 6601 SIX FORKS ROAD RALEIGH, NC 27615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANN, THOMAS H 6001 6TH FORKS ROAD RALEIGH, NC 27615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREEN, JEANNIE B 6601 6TH FORK ROAD RALEIGH, NC 27615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD MILLER, GERHARD A 6601 SIX FORKS ROAD RALEIGH, NC 27615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD RABITZ, JO ANN 6601 SIX FORKS ROAD RALEIGH, NC 27615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeannie B. Green Jeannie B. Green 4/13/04 919-846-4187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #