

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

pg. 1 of 2

DOCUMENT # P16215 (6)

1. Corporation Name
PRIMERICA FINANCIAL SERVICES HOME MORTGAGES, INC



Principal Place of Business Mailing Address
% GREG KLUMP 3120 BRECKINRIDGE BLVD DULUTH GA 30199-7001

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

3. Date Incorporated or Qualified 10/01/1987 3a. Date of Last Report 04/13/1995
4. FEI Number 58-1742510 Applied For Not Applicable
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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**
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 (Signature, board or printed name of registered agent and title in appropriate block) (NOTE: Registered Agent signature requires electronic filing) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | WILLIAMS, D. RICHARD | |
| STREET ADDRESS | 3120 BRECKENRIDGE BLVD | |
| CITY- ST- ZIP | DULUTH GA | |
| TITLE | CFO | <input type="checkbox"/> DELETE |
| NAME | VANDERZANDEN, JOSIE | |
| STREET ADDRESS | 3129 BRECKENRIDGE BLVD | |
| CITY- ST- ZIP | DULUTH GA | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | BARBER, GORDON | |
| STREET ADDRESS | 3120 BRECKINRIDGE BLVD | |
| CITY- ST- ZIP | DULUTH GA | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | ROSEN, DEBORAH L. | |
| STREET ADDRESS | 3120 BRECKENRIDGE BLVD | |
| CITY- ST- ZIP | DULUTH GA | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | ROBBINS, CATHERINE C | |
| STREET ADDRESS | 3120 BRECKENRIDGE BLVD | |
| CITY- ST- ZIP | DULUTH GA | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | ATCHESON, RICHARD | |
| STREET ADDRESS | 3120 BRECKINRIDGE BLVD | |
| CITY- ST- ZIP | DULUTH GA | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. TITLE | |
| 6. NAME | |
| 7. STREET ADDRESS | |
| 8. CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. TITLE | |
| 10. NAME | |
| 11. STREET ADDRESS | |
| 12. CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13. TITLE | |
| 14. NAME | |
| 15. STREET ADDRESS | |
| 16. CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 17. TITLE | |
| 18. NAME | |
| 19. STREET ADDRESS | |
| 20. CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 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 appointment with an address.

SIGNATURE: *Richard Atcheson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Atcheson/Asst. Secretary 4/2/96
DATE
770-381-1000

CR2E034 (12/95)

PRIMERICA FINANCIAL SERVICES HOME MORTGAGES, INC.

OFFICERS AND DIRECTORS

OFFICERS

D. Richard Williams
Deborah L. Rosen
Gordon Barber
Josie Vanderzanden
Phillip R. O'Malley
Fred Rodrigues
Ralph L. Dougherty
Louise Vitale
Robert G. Williams
Gerald L. Baxter
Richard W. Atcheson
Catherine C. Robbins
Robert L. Thomas, III.
Marc P. Weill

President
Sr. Vice President, Consumer Loans
Vice President
Chief Financial Officer and Treasurer
Assistant Vice President for California
Assistant Vice President for Hawaii
Assistant Vice President for Minnesota
Assistant Vice President for New Jersey
Assistant Vice President for New Jersey
Secretary
Assistant Secretary
Assistant Secretary
Assistant Secretary
Assistant Secretary

DIRECTORS

D. Richard Williams
Deborah L. Rosen

ADDRESS

3120 Breckinridge Boulevard
Duluth, Georgia 30199-0001