

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

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90011 010 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P16215**

1. Corporation Name  
**PRIMERICA FINANCIAL SERVICES HOME MORTGAGES, INC**

Principal Place of Business % GREG KLUMP 3120 BRECKINRIDGE BLVD DULUTH GA 30099-0001 US	Mailing Address % GREG KLUMP 3120 BRECKINRIDGE BLVD DULUTH GA 30099-0001 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 10/01/1987	4. FEI Number 58-1742510	Applied For Not Applicable
		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, D. RICHARD 3120 BRECKENRIDGE BLVD DULUTH GA 30099 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO VANDERZANDEN, JOSIE 3129 BRECKENRIDGE BLVD DULUTH GA 30099 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	CFO Sharon K. Grubenhoff 3120 Breckinridge Blvd. Duluth, GA. 30099-0001 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ADDISON JR, JOHN A 3120 BRECKINRIDGE BLVD DULUTH GA 30099 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BASTIN, CYNTHIA K 3120 BRECKENRIDGE BLVD DULUTH GA 30099 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SRVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROBBINS, CATHERINE C 3120 BRECKENRIDGE BLVD DULUTH GA 30099 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ATCHESON, RICHARD 3120 BRECKINRIDGE BLVD DULUTH GA 30099 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** \_\_\_\_\_ **REQUIRES** \_\_\_\_\_ **Asst. Secretary** 4/2/99 770-564-6162  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)

**PRIMERICA FINANCIAL SERVICES HOME MORTGAGES, INC.**

*OFFICERS AND DIRECTORS*

371185-90011-10  
P16215

**OFFICERS**

D. Richard Williams  
John A. Addison, Jr.  
Gregory C. Pitts  
Cynthia K. Bastin  
Sharon K. Grubenhoff  
Cynthia Coleman  
Phillip R. O'Malley  
Joseph Almeida  
Ralph L. Dougherty  
Louise V. Vitale  
James B. Penn  
Dennis Schechter  
Judy R. Trollinger  
Richard W. Acheson  
Catherine C. Robbins  
Marc P. Weill

President  
Group Executive Vice President  
Executive Vice President  
Senior Vice President  
Chief Financial Officer/Treasurer  
Assistant Vice President  
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  
Assistant Vice President for New Jersey  
Secretary  
Assistant Secretary  
Assistant Secretary  
Assistant Secretary

**DIRECTORS**

D. Richard Williams  
John A. Addison, Jr.

**ADDRESS**

3120 Breckinridge Boulevard  
Duluth, Georgia 30099-0001