

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 819282

**FILED**  
**Feb 09, 2021**  
**Secretary of State**  
**4171316222CC**

**Entity Name:** GENWORTH MORTGAGE INSURANCE CORPORATION OF NORTH CAROLINA

**Current Principal Place of Business:**

8325 SIX FORKS ROAD  
RALEIGH, NC 27615-6519

**Current Mailing Address:**

8325 SIX FORKS ROAD  
RALEIGH, NC 27615-6519

**FEI Number: 56-0729821**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name GUPTA, ROHIT  
Address 8325 SIX FORKS RD  
City-State-Zip: RALEIGH NC 27615

Title V  
Name GREEN, JEANNIE B  
Address 8325 SIX FORKS ROAD  
City-State-Zip: RALEIGH NC 27615

Title VT  
Name MITCHELL, HARDIN D  
Address 8325 SIX FORKS ROAD  
City-State-Zip: RALEIGH NC 27615

Title VS  
Name STOLOVE, EVAN  
Address 8325 SIX FORKS ROAD  
City-State-Zip: RALEIGH NC 27615

Title DIRECTOR  
Name SCHNEIDER, KEVIN  
Address 8325 SIX FORKS ROAD  
City-State-Zip: RALEIGH NC 27615

Title ASST. SECRETARY  
Name WILBOURNE, ELIZABETH  
Address 8325 SIX FORKS ROAD  
City-State-Zip: RALEIGH NC 27615-6519

Title DIRECTOR  
Name DERSTINE, MICHAEL  
Address 8325 SIX FORKS ROAD  
City-State-Zip: RALEIGH NC 27615-6519

Title DIRECTOR  
Name GUARINO, ANTHONY  
Address 8325 SIX FORKS ROAD  
City-State-Zip: RALEIGH NC 27615-6519

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ELIZABETH WILBOURNE**

**ASST. SECRETARY**

**02/09/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR

Name MCMAHON, KEVIN

Address 8325 SIX FORKS ROAD

City-State-Zip: RALEIGH NC 27615-6519