

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002164

Entity Name: GENWORTH FINANCIAL ASSURANCE CORPORATION**Current Principal Place of Business:**8325 SIX FORKS ROAD
RALEIGH, NC 27615**Current Mailing Address:**8325 SIX FORKS ROAD
RALEIGH, NC 27615**FEI Number: 56-1775870****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 DIRECTOR
Name SCHNEIDER, KEVIN D
Address 8325 SIX FORKS RD
City-State-Zip: RALEIGH NC 27615

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

Title TREASURER, DIRECTOR
Name MITCHELL, HARDIN D
Address 8325 SIX FORKS RD
City-State-Zip: RALEIGH NC 27615

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

Title PRESIDENT, DIRECTOR
Name GUPTA, ROHIT
Address 8325 SIX FORKS ROAD
City-State-Zip: RALEIGH NC 27615

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

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

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

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****02/06/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date