

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04245

Entity Name: GENWORTH MORTGAGE INSURANCE CORPORATION**Current Principal Place of Business:**8325 SIX FORKS RD
RALEIGH, NC 27615**Current Mailing Address:**8325 SIX FORKS RD
RALEIGH, NC 27615**FEI Number:** 31-0985858**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	VT
Name	MITCHELL, HARDIN D
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

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

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

Title	S
Name	STO LOVE, EVAN
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

01/19/2018

Electronic Signature of Signing Officer/Director Detail_____
Date