

SCC eFile
(6/10)

**2010 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

210502481

1.) CORPORATION NAME:

**GENWORTH MORTGAGE INSURANCE CORPORATION OF
NORTHCAROLINA**

DUE DATE: **11/30/2010**

SCC ID NO: **F0158149**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
JAMES W MORRIS III
700 E MAIN ST STE 1100
RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8325 SIX FORKS RD

CITY/ST/ZIP: RALEIGH, NC 27615-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	KEVIN SCHNEIDER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6601 SIX FORKS ROAD		
CITY/ST/ZIP/CO:	RALEIGH, NC 27615-		
NAME:	ANGELA W DANIEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST VP/AS		
ADDRESS:	8325 SIX FORKS RD		
CITY/ST/ZIP/CO:	RALEIGH, NC 27615-		
NAME:	GEORGETTE NICHOLAS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP/CFO/T		
ADDRESS:	8325 SIX FORKS ROAD		
CITY/ST/ZIP/CO:	RALEIGH, NC 27615-		
NAME:	JAMES BENNISON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP/DIR		
ADDRESS:	8325 SIX FORKS RD		
CITY/ST/ZIP/CO:	RALEIGH, NC 27615-		
NAME:	ROHIT GUPTA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP/DIR		
ADDRESS:	8325 SIX FORKS RD		
CITY/ST/ZIP/CO:	RALEIGH, NC 27615-		

NAME: THOMAS PARRENT TITLE: DIRECTOR ADDRESS: 8325 SIX FORKS ROAD CITY/ST/ZIP/CO: RALEIGH, NC 27615-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	----------------------------------	--

NAME: JOHN TAGGART TITLE: SECRETARY ADDRESS: 8325 SIX FORKS ROAD CITY/ST/ZIP/CO: RALEIGH, NC 27615-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	-----------------------------------

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ANGELA W DANIEL	ANGELA W DANIEL, ASST VP/AS	9/28/2010
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.