

1.) CORPORATION NAME:

REPUBLIC MORTGAGE INSURANCE COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

**JOSEPH E. BLACKBURN, JR.
300 WEST MAIN STREET
RICHMOND, VA 23220**

DUE DATE: **11/30/2011**

SCC ID NO: **F0287005**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 101 NORTH CHERRY STREET

CITY/ST/ZIP: WINSTON-SALEM, NC 27101-

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: JOEL H PASTERNAK
TITLE: VICE PRESIDENT
ADDRESS: 4109 CHERRYLAUREL LANE
CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27106-

OFFICER

DIRECTOR

NAME: ELIZABETH C DIXON
TITLE: SECRETARY
ADDRESS: 171 VALLEY OAKS DRIVE
CITY/ST/ZIP/CO: ADVANCE, NC 27006-

OFFICER

DIRECTOR

NAME: CRYSTAL E MARTIN
TITLE: ASST SECRETARY
ADDRESS: 101 BROOKVALLEY ROAD
CITY/ST/ZIP/CO: KING, NC 27021-

OFFICER

DIRECTOR

NAME: DAVID CHRISTOPHER CASH
TITLE: TREASURER
ADDRESS: 4113 ALLISTAIR ROAD
CITY/ST/ZIP/CO: WINSTON-SALEM, NC 27014-

OFFICER

DIRECTOR

NAME: CHRISTOPHER STEPHEN NARD
TITLE: PRESIDENT
ADDRESS: 600 HILL RD.
CITY/ST/ZIP/CO: WINNETKA, IL 60093-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIMMY ALLEN DEW DIRECTOR 407 RIVERBEND DR/ ADVANCE, NC 27006-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES ALAN KELLOGG DIRECTOR 1905 E. BRISTLECONE HARTLAND, WI 53029-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEO EDWARD KNIGHT, JR. DIRECTOR 345 BENDNG BRANCH LN MIAMISBURG, OH 45342-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALDO CHARLES ZUCARO DIRECTOR 126 NANTUCKET LN BARRINGTON, IL 60001-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS PETER VANMIEGHEM DIRECTOR 110 SHORELINE DR. PARK RIDGE, IL 60069-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN ROBERT WALKER DIRECTOR 1610 LEIMERT BLVD. OAKLAND, CA 94602-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN MAYNARD DIXON DIRECTOR 140 WHITEBRIDGE HILL WINNETKA, IL 60093-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARNOLD LEVY STEINER DIRECTOR 2702 ALTADENA RD. BIRMINGHAM, AL 35243-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FREDRICKA TAUBITZ DIRECTOR 1150 ANCHORAGE LN #406 SAN DIEGO, CA 92106-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HARRINGTON BISCHOF DIRECTOR 29 BRINKER RD. BARRINGTON, IL 60010-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHARLES FREDERICK TITTERTON	
TITLE:	DIRECTOR	
ADDRESS:	20 OAK RIDGE RD.	
CITY/ST/ZIP/CO:	PLEASANTVILLE, NY 10570-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES CARROLL HELLAUER	
TITLE:	DIRECTOR	
ADDRESS:	259 SEDONA WAY	
CITY/ST/ZIP/CO:	PALM BEACH GARDENS, FL 33418-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DEANA MCINNIS VICKERS	
TITLE:	ASST SECRETARY	
ADDRESS:	135 CORBRIDGE LN.	
CITY/ST/ZIP/CO:	WINSTON-SALEM, NC 27106-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOHN EDEL GERKE	
TITLE:	VICE PRESIDENT	
ADDRESS:	1331 KNEB WORTH LN.	
CITY/ST/ZIP/CO:	CATAWBA, NC 28609-	

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.

<u>/s/ CRYSTAL E MARTIN</u>	<u>CRYSTAL E MARTIN, ASST</u>	<u>11/14/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.