

1.) CORPORATION NAME:

HOMEAMERICAN MORTGAGE CORPORATION

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

SCC ID NO: **F0485153**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CO

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4350 S. MONACO STREET
SUITE 100

CITY/ST/ZIP: DENVER, CO 80237

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:	JOHN J HEANEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP/TREAS		
ADDRESS:	4350 S. MONACO STREET SUITE 500		
CITY/ST/ZIP/CO:	DENVER, CO 80237		
NAME:	ANTHONY G. BERRIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4350 S. MONACO STREET SUITE 100		
CITY/ST/ZIP/CO:	DENVER, CO 80237		
NAME:	ROSEMARIE COMET	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4350 S. MONACO STREET SUITE 100		
CITY/ST/ZIP/CO:	DENVER, CO 80237		
NAME:	CAROLINE LYNCH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4350 S. MONACO STREET SUITE 100		
CITY/ST/ZIP/CO:	DENVER, CO 80237		
NAME:	LISA L. MCCARTY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4350 S. MONACO STREET SUITE 100		
CITY/ST/ZIP/CO:	DENVER, CO 80237		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH H FRETZ SECRETARY 4350 S. MONACO STREET SUITE 500 DENVER, CO 80237	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL IRA MAGER ASST SECRETARY 12220 SUNRISE VALLEY DR. SUITE 4 RESTON, VA 20191	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TAMMY A. SCHERMERHORN ASST SECRETARY 4350 S. MONACO STREET SUITE 100 DENVER, CO 80237	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	L. LUDWELL JONES IV ASST TREASURER 4350 S. MONACO STREET SUITE 500 DENVER, CO 80237	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL A. BERMAN DIRECTOR 4350 S. MONACO STREET SUITE 500 DENVER, CO 80237	<input type="checkbox"/>	OFFICER	<input checked="" 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/ JOSEPH H FRETZ		JOSEPH H FRETZ, SECRETARY		7/5/2012	
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.					