

1.) CORPORATION NAME:

**GENWORTH FINANCIAL ASSURANCE CORPORATION**

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JAMES W MORRIS III  
11 S 12TH ST 5TH FL  
PO BOX 30**

SCC ID NO: **F1133406**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000

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: ROHIT GUPTA TITLE: PRESIDENT ADDRESS: 8325 SIX FORKS RD CITY/ST/ZIP/CO: RALEIGH, NC 27615	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANGELA W DANIEL TITLE: ASST VP/AS ADDRESS: 8325 SIX FORKS ROAD CITY/ST/ZIP/CO: RALEIGH, NC 27615	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: STEPHEN D COOKE TITLE: SVP/S ADDRESS: 8325 SIX FORKS RD CITY/ST/ZIP/CO: RALEIGH, NC 27615	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: H. DEAN MITCHELL TITLE: TREASURER ADDRESS: 8325 SIX FORKS RD CITY/ST/ZIP/CO: RALEIGH, NC 27615	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ELIZABETH WILBOURNE TITLE: ASST SECRETARY ADDRESS: 8325 SIX FORKS ROAD CITY/ST/ZIP/CO: RALEIGH, NC 27615	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KEVIN SCHNEIDER TITLE: DIRECTOR ADDRESS: 8325 SIX FORKS ROAD CITY/ST/ZIP/CO: RALEIGH, NC 27615	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	H. Dean Mitchell	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	8325 Six Forks Road		
CITY/ST/ZIP/CO:	Raleigh, NC 27615		

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/ ELIZABETH WILBOURNE	ELIZABETH WILBOURNE, ASST	1/9/2014
_____ 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.