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| 1.) CORPORATION NAME: Ocwen Financial Insurance Services, Inc. | DUE DATE: 5/31/2016 | | | | |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 285 GLEN ALLEN, VA | SCC ID NO: F1995820 | | | | |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY | 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 1,000 |
| CLASS | AUTHORIZED | | | | |
| COMMON | 1,000 | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: DE | | | | | |

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| 6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 1000 Abernathy Road, NE Suite 210 CITY/ST/ZIP: ATLANTA, GA 30328 | |
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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.

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|---------------------------------------|-------------------------------------|---------|--------------------------|----------|
| NAME: PETER S WGLESBY | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: PRESIDENT | | | | |
| ADDRESS: 1000 ABERNATHY RD NE STE 210 | | | | |
| CITY/ST/ZIP/CO: ATLANTA, GA 30328 | | | | |

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|---------------------------------------|-------------------------------------|---------|--------------------------|----------|
| NAME: AMY M WINSLETT | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: VICE PRESIDENT | | | | |
| ADDRESS: 1000 ABERNATHY RD NE STE 210 | | | | |
| CITY/ST/ZIP/CO: ATLANTA, GA 30328 | | | | |

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|---------------------------------------|-------------------------------------|---------|--------------------------|----------|
| NAME: LYNN ALMEIDA | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: SECRETARY | | | | |
| ADDRESS: 1000 ABERNATHY RD NE STE 210 | | | | |
| CITY/ST/ZIP/CO: ATLANTA, GA 30328 | | | | |

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|---------------------------------------|-------------------------------------|---------|--------------------------|----------|
| NAME: ERIK F KOENIG | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| TITLE: TREA | | | | |
| ADDRESS: 1000 ABERNATHY RD NE STE 210 | | | | |
| CITY/ST/ZIP/CO: ATLANTA, GA 30328 | | | | |

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|---------------------------------------|--------------------------|---------|-------------------------------------|----------|
| NAME: JOHN BRITTI | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| TITLE: DIRECTOR | | | | |
| ADDRESS: 1000 ABERNATHY RD NE STE 210 | | | | |
| CITY/ST/ZIP/CO: ATLANTA, GA 30328 | | | | |

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.

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|---|----------------------------------|-----------|
| /s/ LYNN ALMEIDA | LYNN ALMEIDA, SECRETARY | 5/16/2016 |
| 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.