

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 834565 (4)

1. Corporation Name

CMG MORTGAGE INSURANCE COMPANY

Principal Place of Business

% BARBARA A MONSON
5910 MINERAL POINT RD
MADISON WI 53705
US

Mailing Address

% BARBARA A MONSON
5910 MINERAL PT RD
MADISON WI 53705
US



3. Date Incorporated or Qualified
06/25/1975

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32304

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and shall be available

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KITCHEN, MICHAEL B.	
STREET ADDRESS	5910 MINERAL POINT RD	
CITY-STATE-ZIP	MADISON WI	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	OLSON, THOMAS O	
STREET ADDRESS	5910 MINERAL POINT RD	
CITY-STATE-ZIP	MADISON WI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIBSON, JOHN A	
STREET ADDRESS	5910 MINERAL POINT RD	
CITY-STATE-ZIP	MADISON WI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WILSON, PHYLLIS A.	
STREET ADDRESS	601 MONTGOMER STREET	
CITY-STATE-ZIP	SAN FRANCISCO CA	
TITLE	VPGM	<input type="checkbox"/> DELETE
NAME	DUNAGAN, JOHN D.	
STREET ADDRESS	5910 MINERAL POINT ROAD	
CITY-STATE-ZIP	MADISON WI	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LEHNERTZ, LINDA J.	
STREET ADDRESS	5910 MINERAL POINT RD	
CITY-STATE-ZIP	MADISON WI	

1.1 TITLE	PCD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	SVPGM	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	500001741105	
5.4 CITY-STATE-ZIP	-03/13/96--01037--004	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	***200.00	
6.4 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John D. Dunagan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John D. Dunagan, Secretary

3/5/96

(608) 238-5851

Date

Daytime Phone

CR2E034 (12/95)

3-12-96