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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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	Mailing Address
% BARBARA A MONSON 5910 MINERAL POINT RD MDISON WI 53705 US	% BARBARA A MONSON 5910 MINERAL PT RD MADISON WI 53705-4456 US

3. Date Incorporated or Qualified: 06/25/1975
3a. Date of Last Report: 03/12/1996
4. FEI Number: 36-3105660 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	☐ DELETE	11 TITLE	PVCD	☒ Change ☐ Addition
NAME	KITCHEN, MICHAEL B.		12 NAME	Michael B. Kitchen	
STREET ADDRESS	5910 MINERAL POINT RD		13 STREET ADDRESS	5910 Mineral Point Road	
CITY-ST-ZIP	MADISON WI		14 CITY-ST-ZIP	Madison, WI 53705	
TITLE	D	☐ DELETE	21 TITLE	D	☒ Change ☐ Addition
NAME	OLSON, THOMAS O		22 NAME	John D. Dunagan	
STREET ADDRESS	5910 MINERAL POINT RD		23 STREET ADDRESS	5910 Mineral Point Road	
CITY-ST-ZIP	MADISON WI		24 CITY-ST-ZIP	Madison, WI 53705	
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	GIBSON, JOHN A		32 NAME		
STREET ADDRESS	5910 MINERAL POINT RD		33 STREET ADDRESS		
CITY-ST-ZIP	MADISON WI		34 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	41 TITLE	S	☒ Change ☐ Addition
NAME	WILSON, PHYLLIS A.		42 NAME	Phyllis A. Wilson	
STREET ADDRESS	601 MONTGOMER STREET		43 STREET ADDRESS	601 Montgomery Street	
CITY-ST-ZIP	SAN FRANCISCO CA		44 CITY-ST-ZIP	San Francisco, CA 94111	
TITLE	SVPG	☐ DELETE	51 TITLE	SVPGM	☒ Change ☐ Addition
NAME	DUNAGAN, JOHN D.		52 NAME	James R. McCourt	
STREET ADDRESS	5910 MINERAL POINT ROAD		53 STREET ADDRESS	135 Main Street, Suite 1040	
CITY-ST-ZIP	MADISON WI		54 CITY-ST-ZIP	San Francisco, CA 94105	
TITLE	AS	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	LEHNERTZ, LINDA J.		62 NAME		
STREET ADDRESS	5910 MINERAL POINT RD		63 STREET ADDRESS		
CITY-ST-ZIP	MADISON WI		64 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] John D. Dunagan 4/23/97 (608) 828-5951