FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 834565

CMG MORTGAGE INSURANCE COMPANY

(4)

FILED May 18 1998 8:00am Secretary of State



Principal Plac	o of Business	Mailing Address			
Principal Place of Business * BARBARA A MONSON 5910 MINERAL POINT RD MDISON WI 53705		% BARBARA A MONSON 5910 MINERAL PT RD MADISON WI 53705			
				US	
2. Principal P	lace of Business	2a. Mailing Address 26	-	4. FEI Number Applied For 36-3105660 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required	
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25 9. Name and Address of Current		90	Personal Property Tax due June 30. Yes A No 10. Name and Address of New Registered Agent	
INS	SURANCE COMMISSIONER		B1 Name		
CAPITOL BLDG					
1	LLAHASSEE FL 32304		82 Streat	Address (P.O. Box Number is Not Acceptable)	
			83	V	
			84 City	■■ 85 Zip Code	
				FL FL FL FL FL FL FL FL	
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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typest or protect name of repetitive trajective diagent and tree if approach. (NOTE Registered Agent signature required when reinstating). DATE					
12.	Signature, type-disciplinate in the gentered a jent OFFICERS AND		Registered Agent signature 13.	n required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVCD	DELFTE	1.1 HUE	PCD Addition	
NAME	KITCHEN, MICHAEL B.		1.2 NAME	PCD	
STREET ADDRESS	5 910 MINERAL POINT ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MADISON WI		1.4 C(TY - \$T - Z)P		
TITLE	U	DELETE	217171.E	Change Addition	
NAME	DUNAGAN, JOHN D.		2 ? NAME		
STREET ADDRESS	5910 MINERAL POINT RD		2 3 STREET ADDRESS		
CATY-ST-ZIP	MADISON WI		2 4 CITY - \$1 - ZIP		
TITLE	D	☐ DELETE	3 1 1111.5	☐ Change ☐ Addition	
NAME	GIBSON, JOHN A		3.2 NAME.		
STREET ADDRESS	5910 MINERAL POINT RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MADISON WI		3 4. CHY-S1-ZIP		
TITLE	MILEON BRAINE A	DELETE		AS K Change Addition	
NAME	WILSON, PHYLLIS A.		4. 2 NAME		
STREET ADDRESS	601 MONTGOMER STREET SAN FRANCISCO CA		4.3 STREET ADDRESS		
CITY-ST-ZIP	SVPG	DELETE	4.4 CITY - ST - ZIP	Change I tablities	
TITLE	MCCOURT, JAMES R.		5.1 TITLE	☐ Change ☐ Addition	
NAME OTREET ADDRESS	135 MAIN STREET, STE. 1040		5.2 NAME		
\$TREET ADORESS	SAN FRANCISCO CA		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	AS	DELETE	5.4 CHY-ST-ZIP 6.1 THEF	Change Addition	
NAME	LEHNERTZ, LINDA J.	- Official	62 NAME	Comings Control	
STREET ADDRESS	5910 MINERAL POINT RD		63 STHEET ADDRESS		
CITY-ST-ZIP	MADISON WI		6.4 CITY-ST-7IP		
VIII-01-217			040111-01-415	1	

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, if 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an Alackingent with an address.

N. DILAC