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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90205 002 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 834565

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1975

4. FEI Number

36-3105660

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	KITCHEN, MICHAEL B.	
STREET ADDRESS	5910 MINERAL POINT ROAD	
CITY-ST-ZIP	MADISON WI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNAGAN, JOHN D.	
STREET ADDRESS	5910 MINERAL POINT RD	
CITY-ST-ZIP	MADISON WI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIBSON, JOHN A	
STREET ADDRESS	5910 MINERAL POINT RD	
CITY-ST-ZIP	MADISON WI	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WILSON, PHYLLIS A.	
STREET ADDRESS	601 MONTGOMER STREET	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	MCCOURT, JAMES R.	
STREET ADDRESS	135 MAIN STREET, STE. 1040	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LEHNERTZ, LINDA J.	
STREET ADDRESS	5910 MINERAL POINT RD	
CITY-ST-ZIP	MADISON WI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SrVPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SrVPGD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Janice C. Doyle	
6.3 STREET ADDRESS	5910 Mineral Point Road	
6.4 CITY-ST-ZIP	Madison, WI 53705	

14. I 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, with all other like empowered.

SIGNATURE:

Janice C. Doyle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janice C. Doyle

4/20/99

608/238-5851

Date

Daytime Phone #

CR2E034 (11/98)