

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 834565

FILED  
Apr 06, 2004  
Secretary of State

Entity Name: CMG MORTGAGE INSURANCE COMPANY

## Current Principal Place of Business:

% LAURIE CARLSON 4 C5+1  
5910 MINERAL POINT RD  
MADISON, WI 53705 US

## New Principal Place of Business:

KATHY CHIONO 5910 4 C5+1  
5910 MINERAL POINT RD  
MADISON, WI 53705 US

## Current Mailing Address:

% LAURIE CARLSON 4 C5+1  
5910 MINERAL PT RD  
MADISON, WI 53705 US

## New Mailing Address:

KATHY CHIONO 5910 4 C5+1  
5910 MINERAL PT RD  
MADISON, WI 53705 US

FEI Number: 36-3105660

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KITCHEN, MICHAEL B.  
Address: 5910 MINERAL POINT ROAD  
City-St-Zip: MADISON, WI

Title: S ( ) Delete  
Name: SEALY, EARL W  
Address: 5910 MINERAL POINT ROAD  
City-St-Zip: MADISON, WI 53705 US

Title: D ( ) Delete  
Name: MCCOURT, JAMES R.  
Address: 2908 MARKETPLACE DR, STE. 100  
City-St-Zip: MADISON, WI 53719 US

Title: T ( ) Delete  
Name: LORENZEN, JOHN M JR  
Address: 3003 OAK ROAD  
City-St-Zip: WALNUT CREEK, CA 94597 US

Title: SVP ( ) Delete  
Name: PANNES, PETER C  
Address: 22 FOURTH STREET  
City-St-Zip: SAN FRANCISCO, CA 94102 US

Title: AS ( ) Delete  
Name: CARLSON, LAURIE M  
Address: 5910 MINERAL PT RD  
City-St-Zip: MADISON, WI 53705 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: LOFE, DONALD P  
Address: 3003 OAK ROAD  
City-St-Zip: WALNUT CREEK, CA 94597 US

Title: D (X) Change ( ) Addition  
Name: PANNES, PETER C  
Address: 22 FOURTH STREET  
City-St-Zip: SAN FRANCISCO, CA 94102 US

Title: AS (X) Change ( ) Addition  
Name: DOYLE, JANICE C  
Address: 5910 MINERAL PT RD  
City-St-Zip: MADISON, WI 53705 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE C DOYLE

AS

04/06/2004

Electronic Signature of Signing Officer or Director

Date