## 2003 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT#834565** 

Entity Name: CMG MORTGAGE INSURANCE COMPANY

FILED Jan 08, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
% LAURIE CARLSON 3B-2 5910 MINERAL POINT RD MDISON, WI 53705 US			% LAURIE CARLSON 4 C5+1 5910 MINERAL POINT RD MADISON, WI 53705 US			
Current Mailing Address:				New Mailing Address:		
% LAURIE CARLSON 3B-2 5910 MINERAL PT RD MADISON, WI 53705 US			% LAURIE CARLSON 4 C5+1 5910 MINERAL PT RD MADISON, WI 53705 US			
FEI Number:	36-3105660	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:		Name and	Address of	New Registered Agent:
CAPITOL E TALLAHAS The above	SSEE, FL 3230	4 US	pose o	f changing it	s registered	office or registered agent, or both,
SIGNATURE:						
	Electroni	c Signature of Registered Agent	I			Date
	mpaign Financing	Trust Fund Contribution ( ).		ADDITION	S/CHANGE	S TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P () KITCHEN, MICH 5910 MINERAL MADISON, WI			Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	S () PATZNER, FAYE 5910 MINERAL MADISON, WI	POINT ROAD		Title: Name: Address: City-St-Zip:	SEALY, EARL	AL POINT ROAD
Title: Name: Address: City-St-Zip:	SVPD () MCCOURT, JAW 5910 MINERAL MADISON, WI	POINT ROAD		Title: Name: Address: City-St-Zip:	MCCOURT, J	TPLACE DR, STE. 100
Title: Name: Address: City-St-Zip:	T D () LORENZEN, JOI 5910 MINERAL MADISON, WI 5	HN M JR POINT ROAD		Title: Name: Address: City-St-Zip:	LORENZEN, 3003 OAK RO	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	PANNES, PE	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	AS ( CARLSON, LA 5910 MINERA MADISON, W	AL PT RD

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: LAURIE M. CARLSON AS 01/08/2003