2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849843

Entity Name: CMG MORTGAGE ASSURANCE COMPANY

FILED Apr 21, 2005 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place of Business: | | | | |
|--|---|------------------------------|--|--|---|---------------------|------------------|--|
| KATHY CHIONO 5910 4 C5+1 5910 MINERAL POINT RD MADISON, WI 53705 US | | | | SHANNON DISCH 5910 4 C5+1 5910 MINERAL POINT RD MADISON, WI 53705 US | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | | |
| KATHY CHIONO 5910 4 C5+1 5910 MINERAL POINT RD MADISON, WI 53705 US | | | SHANNON DISCH 5910 4 C5+1 5910 MINERAL POINT RD MADISON, WI 53705 US | | | | | |
| FEI Number: | 95-2621453 | FEI Number Applied For () | FEI Nun | nber Not Appl | icable () | Certificate of Sta | atus Desired () | |
| Name and Address of Current Registered Agent: | | | | | Name and Address of New Registered Agent: | | | |
| CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US | | | | | | | | |
| 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. | | | | | | | | |
| SIGNATUR | RE: | | | | | | | |
| Electronic Signature of Registered Agent | | | | Date | | | | |
| Election Can | npaign Financing | Trust Fund Contribution (). | | | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | | |
| Title: Name: Address: City-St-Zip: | P () KITCHEN, MICH 5910 MINERAL I MADISON, WI 5 | POINT RD | | Title: Name: Address: City-St-Zip: | P (X POST, JEFFRE 5910 MINERAL MADISON, WI | . POINT RD | ion | |
| Title: Name: Address: City-St-Zip: | S () SEALY, EARL W 5910 MINERAL I MADISON, WI 5 | POINT RD | | Title: Name: Address: City-St-Zip: | () |) Change ()Additi | on | |
| Title: Name: Address: City-St-Zip: | PANNES, PETER 22 FOURTH STR | | | Title: Name: Address: City-St-Zip: | D (X PATZNER, FAY 5910 MINERAL MADISON, WI | . POINT ROAD | ion | |
| Title: Name: Address: City-St-Zip: | D () MEYLINK, DANII 5910 MINERAL I MADISON, WI 5 | POINT ROAD | | Title: Name: Address: City-St-Zip: | () |) Change () Additi | on | |
| Title: Name: Address: City-St-Zip: | T () LOFE, DONALD 3003 OAK ROAL WALNUT CREEK |) | | Title: Name: Address: City-St-Zip: | () |) Change()Additi | on | |
| Title: Name: Address: City-St-Zip: | AS () DOYLE, JANICE 5910 MINERAL I MADISON, WI 5 | POINT ROAD | | Title: Name: Address: City-St-Zip: | |) Change ()Additi | on | |

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 04/21/2005