

F010000003208

TO: Registration Section
Division of Corporations

SUBJECT: MGIC Credit Assurance Corporation
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

AnnMarie Groom

(Name of Person)

MGIC Credit Assurance Corporation

(Firm/Company)

250 East Kilbourn Avenue

(Address)

Milwaukee, WI 53202

(City/State and Zip code)

8000004273498--0
-05/21/01-01106-014
*****87.50 *****87.50

W01-11862

For further information concerning this matter, please call:

AnnMarie Groom

(Name of Person)

at (414) 347-6889

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

8p



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 24, 2001

ANNMARIE GROOM
MGIC CREDIT ASSURANCE CORPORATION
250 EAST KILBOURN AVENUE
MILWAUKEE, WI 53202

SUBJECT: MGIC CREDIT ASSURANCE CORPORATION
Ref. Number: W01000011862

We have received your document for MGIC CREDIT ASSURANCE CORPORATION and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please note that the certificate we require is not a certified copy, but a certificate which is usually one single page. Also, it is usually issued by the Secretary of State. If your Secretary of State does not issue certificates of existence for this entity, please state so when you submit a certificate from the Office of the Commissioner of Insurance.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 801A00032059

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TALLAHASSEE, FLORIDA

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MGIC Credit Assurance Corporation

June 14, 2001

Lee Rivers, Document Specialist
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: MGIC Credit Assurance Corporation - Pending Application
Ref. Number; W1000011862


Dear Mr./Ms. Rivers:

Pursuant to your letter dated May 24, 2001, I enclose a Certificate of Authority on behalf of MGIC Credit Assurance Corporation as certified by the Office of the Commissioner of Insurance of the State of Wisconsin. This document proves the existence of the company in its state of incorporation. Since the company is an insurance company, it is not registered with the Department of Financial Institutions of the State of Wisconsin (Secretary of State), only the Department of Insurance.

I believe this document should satisfy your request and complete the company's application file.

If you have any questions, or if you should require additional information or documentation, please call me at 1-800-558-9900, extension 6889. Thank you for your attention to this matter.

Very truly yours,


AnnMarie Groom
Paralegal
AXG/
Enclosure

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TALLAHASSEE FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. MGIC Credit Assurance Corporation

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Wisconsin

(State or country under the law of which it is incorporated)

3. 39-1888488

(FEI number, if applicable)

4. April 30, 1997

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 250 East Kilbourn Avenue Milwaukee, WI 53202

(Principal office address)

P.O. Box 756 Milwaukee, WI 53201-0756

(Current mailing address)

8. To engage in the business of mortgage guaranty insurance on junior
liens or charges on residential real estate as defined in Wisconsin

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
Administrative Code Chapter 6, Ins. 6.75(2)(i)(1)(d)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 S. Pine Island Road

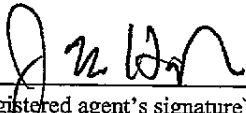
Plantation, Florida 33324

(City)

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

James M. Halpin
Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Terrance R Wright
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Terrance R. Wright, Vice President-Regulatory Relations and
(Typed or printed name and capacity of person signing application) Asst. Secretary

MGIC CREDIT ASSURANCE CORPORATION

12.

A. DIRECTORS

Curt S. Culver
Jeffrey H. Lane
J. Michael Lauer
James A. McGinnis
Gordon H. Steinbach
Lou T. Zellner
Joseph J. Ziino, Jr.

The business address of all of the Directors of the Applicant is:

MGIC
250 E. Kilbourn Avenue
Milwaukee, WI 53202

B. OFFICERS

Curt S. Culver	President and Chief Executive Officer
J. Michael Lauer	Executive Vice President and Chief Financial Officer
James S. MacLeod	Executive Vice President - Field Operations
Lawrence J. Pierzchalski	Executive Vice President - Risk Management
Gordon H. Steinbach	Executive Vice President - Credit Policy
Lou T. Zellner	Executive Vice President--Corporate Development
Jeffrey H. Lane	Senior Vice President, General Counsel and Secretary
Patrick Sinks	Senior Vice President, Controller and Chief Accounting Officer
Joseph J. Ziino, Jr.	Senior Vice President - Regulatory Relations, Associate General Counsel and Assistant Secretary
Thomas A. Drew	Vice President - Claims
David A. Greco	Vice President - Marketing
James A. Karpowicz	Vice President and Treasurer
Joseph J. Komanecki	Vice President - Tax
James A. McGinnis	Vice President and Assistant Treasurer
John R. Schroeder	Vice President - Risk Management
Dan D. Stilwell	Vice President and Assistant Secretary
Steven M. Thompson	Vice President - Risk Management
Bernhard W. Verhoeven	Vice President - Risk Management
Terrance R. Wright	Vice President - Regulatory Relations and Assistant Secretary

The business address of all of the Officers of the Applicant is:

MGIC
250 E. Kilbourn Avenue
Milwaukee, WI 53202

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**State of Wisconsin
Office of the Commissioner of Insurance
P O Box 7873
Madison, Wisconsin 53703-7873**

Certification of the Authenticity of Copy of Document on File

The Commissioner of Insurance of the State of Wisconsin certifies that the attached copy of

CERTIFICATE OF AUTHORITY

For MGIC CREDIT ASSURANCE CORPORATION

is a true and correct copy of the original now on file with the Office of the Commissioner of Insurance.

Dated at Madison, Wisconsin, this 24th day of April, 2001.

Connie O'Connell
**Connie O'Connell
Commissioner of Insurance**

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TALLAHASSEE FLORIDA



Certificate of Authority *State of Wisconsin*

Office of the Commissioner of Insurance
P.O. Box 7873
Madison, Wisconsin 53707-7873

Certificate No. 00012260

Date Issued: 05-21-1997

License Chapter: 611 Wis. Stat.

This Is To Certify, That pursuant to the Insurance Laws of the state of Wisconsin,

MGIC Credit Assurance Corporation
Wisconsin

has paid the fees and taxes required by law and that it is hereby authorized to transact the business of:

(2) (I) Mortgage guaranty insurance

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TALLAHASSEE FLORIDA

subject to the following limitations:

None

in the state of Wisconsin as long as the insurer continues to conform to the authority granted by this certificate, is in full compliance with all, and not in violation of any, of the the applicable laws and lawful requirements made under authority of the laws of the state of Wisconsin.

Josephine W. Tussler
Commissioner of Insurance