

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03405 (8)

1. Corporation Name

FINANCIAL SECURITY ASSURANCE OF OKLAHOMA, INC.  
n/k/a MGIC Assurance Corporation



Principal Place of Business

350 PARK AVENUE  
NEW YORK NY 10022

Mailing Address

350 PARK AVENUE  
NEW YORK NY 10022

2. Principal Place of Business

21 201 Robert S. Kerr Avenue

Suite, Apt. #, etc.

22 Suite 600

City & State

23 Oklahoma City, Oklahoma

Zip

24 73102-4267

Country

25

2a. Mailing Address

26 P.O. Box 756

Suite, Apt. #, etc.

27

City & State

28 Milwaukee, Wisconsin

Zip

29 53201

Country

30

3. Date Incorporated or Qualified

09/17/1984

3a. Date of Last Report

06/16/1995

4. FEI Number

~~75-6026532~~ 89-1830674

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

THE FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

600001317616

-08/09/96--01027--015

\*\*\*233.75

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 and registered agent, and the applicable

Florida Registered Agent signature required when first filing

DATE

12. OFFICERS AND DIRECTORS

TITLE M  
NAME RIKER, R ANTHONY  
STREET ADDRESS 350 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY ☒ DELETE

TITLE CFOD  
NAME HARRISON, JOHN A  
STREET ADDRESS 350 PARK AVE.  
CITY-ST-ZIP NEW YORK NY ☒ DELETE

TITLE V  
NAME ABLES, J. ANGELA  
STREET ADDRESS 600 FIDELITY PLAZA  
CITY-ST-ZIP OKLAHOMA CITY OK ☒ DELETE

TITLE MDC  
NAME JOSEPH, JEFFREY S  
STREET ADDRESS 350 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY ☒ DELETE

TITLE PD  
NAME COCHRAN, ROBERT P.  
STREET ADDRESS 350 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY ☒ DELETE

TITLE MD  
NAME STERN, BRUCE E.  
STREET ADDRESS 350 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY ☒ DELETE

13.

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

P/D  
William H. Lacy  
250 East Kilbourn Avenue  
Milwaukee, WI 53202 ☐ Change ☒ Addition

V/D  
J. Michael Lauer  
250 East Kilbourn Avenue  
Milwaukee, WI 53202 ☐ Change ☒ Addition

V/D  
Curt S. Culver  
250 East Kilbourn Avenue  
Milwaukee, WI 53202 ☐ Change ☒ Addition

V  
Lawrence J. Pierzchalski  
250 East Kilbourn Avenue  
Milwaukee, WI 53202 ☐ Change ☒ Addition

V/D  
Russell E. Van Hooser  
250 East Kilbourn Avenue  
Milwaukee, WI 53202 ☐ Change ☒ Addition

V/D  
Lou Turner Zellner  
250 East Kilbourn Avenue  
Milwaukee, WI 53202 ☐ Change ☒ Addition

Also see  
attached

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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.

SIGNATURE:

*Russell E. Van Hooser*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/96

414/347-6489

CS 8/8/96

CR2E034 (12/95)

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                                 |                 |
|---------------------------------|-----------------|
| <b>V/T/D</b>                    | <b>Addition</b> |
| <b>James A. McGinnis</b>        |                 |
| <b>250 East Kilbourn Avenue</b> |                 |
| <b>Milwaukee, WI 53202</b>      |                 |

|                                 |                 |
|---------------------------------|-----------------|
| <b>V</b>                        | <b>Addition</b> |
| <b>Patrick Sinks</b>            |                 |
| <b>250 East Kilbourn Avenue</b> |                 |
| <b>Milwaukee, WI 53202</b>      |                 |

|                                 |                 |
|---------------------------------|-----------------|
| <b>V/S</b>                      | <b>Addition</b> |
| <b>Joseph J. Ziino, Jr.</b>     |                 |
| <b>250 East Kilbourn Avenue</b> |                 |
| <b>Milwaukee, WI 53202</b>      |                 |