

**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

Mailing Address

**350 PARK AVENUE  
NEW YORK NY 10022**

**350 PARK AVENUE  
NEW YORK NY 10022**

2. Principal Place of Business

21 **201 Robert S. Kerr Avenue**

2a. Mailing Address

26 **P.O. Box 756**

Suite, Apt. #, etc.

22 **Suite 600**

Suite, Apt. #, etc.

27 **Milwaukee, Wisconsin**

City & State

23 **Oklahoma City, Oklahoma**

Zip

24 **73102-4267**

Country

Zip

29 **53201**

Country

30

g. 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

3. Date Incorporated or Qualified

**09/17/1984**

3a. Date of Last Report

**06/16/1995**

4. FEI Number

**75-6028532-89-1830674**

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

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 of signatory, and title (applicable)

Name of Registered Agent, signature (required when first time)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>M</b>	1.1 TITLE	<b>P/D</b>
NAME	<b>RIKER, R ANTHONY</b>	1.2 NAME	<b>William H. Lacy</b>
STREET ADDRESS	<b>350 PARK AVENUE</b>	1.3 STREET ADDRESS	<b>250 East Kilbourn Avenue</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	1.4 CITY-ST-ZIP	<b>Milwaukee, WI 53202</b>
TITLE	<b>CFOD</b>	2.1 TITLE	<b>V/D</b>
NAME	<b>HARRISON, JOHN A</b>	2.2 NAME	<b>J. Michael Lauer</b>
STREET ADDRESS	<b>350 PARK AVE.</b>	2.3 STREET ADDRESS	<b>250 East Kilbourn Avenue</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	2.4 CITY-ST-ZIP	<b>Milwaukee, WI 53202</b>
TITLE	<b>V</b>	3.1 TITLE	<b>V/D</b>
NAME	<b>ABLES, J. ANGELA</b>	3.2 NAME	<b>Curt S. Culver</b>
STREET ADDRESS	<b>600 FIDELITY PLAZA</b>	3.3 STREET ADDRESS	<b>250 East Kilbourn Avenue</b>
CITY-ST-ZIP	<b>OKLAHOMA CITY OK</b>	3.4 CITY-ST-ZIP	<b>Milwaukee, WI 53202</b>
TITLE	<b>MDC</b>	4.1 TITLE	<b>V</b>
NAME	<b>JOSEPH, JEFFREY S</b>	4.2 NAME	<b>Lawrence J. Pierzchalski</b>
STREET ADDRESS	<b>350 PARK AVENUE</b>	4.3 STREET ADDRESS	<b>250 East Kilbourn Avenue</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	4.4 CITY-ST-ZIP	<b>Milwaukee, WI 53202</b>
TITLE	<b>PD</b>	5.1 TITLE	<b>V/D</b>
NAME	<b>COCHRAN, ROBERT P.</b>	5.2 NAME	<b>Russell E. Van Hooser</b>
STREET ADDRESS	<b>350 PARK AVENUE</b>	5.3 STREET ADDRESS	<b>250 East Kilbourn Avenue</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	5.4 CITY-ST-ZIP	<b>Milwaukee, WI 53202</b>
TITLE	<b>MD</b>	6.1 TITLE	<b>V/D</b>
NAME	<b>STERN, BRUCE E.</b>	6.2 NAME	<b>Lou Turner Zellner</b>
STREET ADDRESS	<b>350 PARK AVENUE</b>	6.3 STREET ADDRESS	<b>250 East Kilbourn Avenue</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	6.4 CITY-ST-ZIP	<b>Milwaukee, WI 53202</b>

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 in 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)

