


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 28 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P03405 (8)</b>					
1. Corporation Name <b>MGIC ASSURANCE CORPORATION</b>					
Principal Place of Business <b>250 E KILBOURN AVE MILWAUKEE WI 53202 US</b>			Mailing Address <b>P.O. BOX 488 MILWAUKEE WI 53201-0488 US</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>09/17/1984</b>	
4. FEI Number <b>75-6026532-39-1830674</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>THE FLORIDA INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32301</b>			10. Name and Address of New Registered Agent 81 Name <b>CT Corporation System</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1200 S. Pine Island Road</b> 83 84 City <b>Plantation</b> 85 Zip Code <b>FL 33324</b>		
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 <i>Connie Bryan</i> <i>Connie Bryan</i> <i>Special Asst. Secretary</i> DATE <b>4-29-98</b> <small>(Signature of the person filing this report and the applicable fee) (Not a Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	1.1 TITLE	1.2 NAME
	<b>CFOD</b>	<b>LACY, WILLIAM H</b>	<b>250 EAST KILBOURN AVENUE</b>	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>250 EAST KILBOURN AVENUE</b>	<b>MILWAUKEE WI</b>		1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	2.1 TITLE	2.2 NAME
	<b>VD</b>	<b>LAUER, J. MICHAEL</b>	<b>250 EAST KILBOURN AVENUE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>250 EAST KILBOURN AVENUE</b>	<b>MILWAUKEE WI 53202</b>		2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	3.1 TITLE	3.2 NAME
	<b>D</b>	<b>CULVER, CURT S</b>	<b>250 EAST KILBOURN AVENUE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>250 EAST KILBOURN AVENUE</b>	<b>MILWAUKEE WI</b>		3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	4.1 TITLE	4.2 NAME
	<b>SVPS</b>	<b>LANE, JEFFREY H</b>	<b>250 E KILBOURN AVE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>250 E KILBOURN AVE</b>	<b>MILWAUKEE WI</b>		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	5.1 TITLE	5.2 NAME
	<b>SVPD</b>	<b>VAN HOOSER, RUSSELL E</b>	<b>250 EAST KILBOURN AVENUE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>250 EAST KILBOURN AVENUE</b>	<b>MILWAUKEE WI</b>		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	6.1 TITLE	6.2 NAME
	<b>D</b>	<b>ZELLNER, LOU T</b>	<b>250 EAST KILBOURN AVENUE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>250 EAST KILBOURN AVENUE</b>	<b>MILWAUKEE WI</b>		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP



DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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.

CR2E034 (10/97)

Date: April 15, 1998

**MGIC Assurance Corporation**

**DIRECTORS:**

Curt S. Culver  
William H. Lacy  
Jeffrey H. Lane  
J. Michael Lauer  
James A. McGinnis  
Russell E. Van Hooser  
Lou T. Zellner

**OFFICERS:**

William H. Lacy  
J. Michael Lauer  
Jeffrey H. Lane  
Russell E. Van Hooser  
Lou T. Zellner  
James A. Karpowicz  
James A. McGinnis  
Patrick Sinks

Joseph J. Ziino, Jr.

President and Chief Executive Officer  
Executive Vice President and Chief Financial Officer  
Senior Vice President, General Counsel and Secretary  
Senior Vice President—Regulatory Relations  
Senior Vice President—Corporate Planning  
Vice President and Treasurer  
Vice President and Assistant Treasurer  
Vice President, Controller and Chief Accounting Officer  
Vice President, Associate General Counsel and Assistant Secretary

Address: 270 East Kilbourn Avenue  
Milwaukee, WI 53202