

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03405

1. Entity Name

MGIC ASSURANCE CORPORATION

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90964 032 \*\*\*150.00

Principal Place of Business

Mailing Address

250 E KILBOURN AVE  
 MILWAUKEE WI 53202  
 US

P.O. BOX 488  
 MILWAUKEE WI 53201-0488  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **39-1830674**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

Name

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

City

**FL**

Zip Code

8. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCEO** ☒ Delete  
 NAME **LACY, WILLIAM H**  
 STREET ADDRESS **250 EAST KILBOURN AVENUE**  
 CITY-ST-ZIP **MILWAUKEE WI**

TITLE **P&CEO** ☒ Change ☐ Addition  
 NAME **Curt S. Culver**  
 STREET ADDRESS **250 E. Kilbourn Ave.**  
 CITY-ST-ZIP **Milwaukee, WI 53202**

TITLE **VD** ☐ Delete  
 NAME **LAUER, J. MICHAEL**  
 STREET ADDRESS **250 EAST KILBOURN AVENUE**  
 CITY-ST-ZIP **MILWAUKEE WI 53202**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **CULVER, CURT S**  
 STREET ADDRESS **250 EAST KILBOURN AVENUE**  
 CITY-ST-ZIP **MILWAUKEE WI**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SVPS** ☐ Delete  
 NAME **LANE, JEFFREY H**  
 STREET ADDRESS **250 E KILBOURN AVE**  
 CITY-ST-ZIP **MILWAUKEE WI**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VS** ☐ Delete  
 NAME **ZIINO, JOSEPH J JR.**  
 STREET ADDRESS **250 EAST KILBOURN AVENUE**  
 CITY-ST-ZIP **MILWAUKEE WI**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **ZELLNER, LOU T**  
 STREET ADDRESS **250 EAST KILBOURN AVENUE**  
 CITY-ST-ZIP **MILWAUKEE WI**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*James A. Karpowicz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-24-00 (414) 347-6706**  
 Date Daytime Phone #

CR2E034 (9/99)

C0094052  
#P03405

## Officers



MGIC Assurance Corporation ("Assurance")

Curt S. Culver  
J. Michael Lauer  
Lawrence J. Pierzchalski  
Gordon H. Steinbach  
Lou T. Zellner  
Jeffrey H. Lane  
Joseph J. Ziino, Jr.

Thomas A. Drew  
James A. Karpowicz  
James A. McGinnis  
Patrick Sinks  
Dan D. Stilwell  
Terrance R. Wright

President and Chief Executive officer  
Executive Vice President and Chief Financial Officer  
Executive Vice President - Risk Management  
Executive Vice President - Credit Policy  
Executive Vice President - Corporate Development  
Senior Vice President, General Counsel and Secretary  
Senior Vice President - Regulatory Relations, Associate  
General Counsel and Assistant Secretary  
Vice President - Claims  
Vice President and Treasurer  
Vice President and Assistant Treasurer  
Vice President, Controller and Chief Accounting Officer  
Vice President and Assistant Secretary  
Vice President - Regulatory Relations and Assistant Secretary