

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90090 017 ***150.00

DOCUMENT # P03405

1. Entity Name
MGIC ASSURANCE CORPORATION



Principal Place of Business

**250 E KILBOURN AVE
REGULATORY RELATIONS DEPT.
MILWAUKEE, WI 53202 US**

Mailing Address

**P.O. BOX 756
REGULATORY RELATIONS DEPT.
MILWAUKEE, WI 53201 US**

40047060

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03262007

Chg-P

CR2E034 (12/06)

4. FEI Number

39-1830674

Applied For

Not Applicable

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

**CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. *See Attached* OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CULVER, CURT S 250 E KILBOURN AVENUE MILWAUKEE, WI 53202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD LAUER, J. MICHAEL 250 EAST KILBOURN AVENUE MILWAUKEE, WI 53202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LANE, JEFFREY H 250 E KILBOURN AVE MILWAUKEE, WI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ZIINO, JOSEPH J JR. 250 EAST KILBOURN AVENUE MILWAUKEE, WI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KARPOWIOZ, JAMES A 250 E. KILBOURN AVE. MILWAUKEE, WI 53202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOMANECKI, JOSEPH J 250 E. KILBOURN AVE. MILWAUKEE, WI 53202	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, Chairman & Director Culver, Curt S. 250 East Kilbourn Avenue Milwaukee, WI 53202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph J. Zilino, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joseph J. Zilino, Jr.
Senior Vice President - Regulatory Relations, Associate General
Counsel and Secretary

March 26, 2007

800-558-9900

Date

Daytime Phone #

MGIC Assurance Corporation

ATTACHMENT
40D41060
#P03405

MGIC

2007 FLORIDA ANNUAL REPORT

10.) DIRECTORS & OFFICERS

Curt S. Culver	Chairman and Chief Executive Officer; Director
Patrick Sinks (NMN)	President and Chief Operating Officer; Director
J. Michael Lauer	Executive Vice President and Chief Financial Officer; Director
Lawrence J. Pierzchalski	Executive Vice President - Risk Management; Director
James A. Karpowicz	Senior Vice President - Chief Investment Officer and Treasurer
Joseph J. Komannecki	Senior Vice President, Controller and Chief Accounting Officer; Director
Jeffrey H. Lane	Senior Vice President, General Counsel and Assistant Secretary; Director
Cheryl L. Webb	Senior Vice President - Field Operations
Joseph J. Ziino, Jr.	Senior V; Director ice President - Regulatory Relations, Associate General Counsel and Secretary
Thomas A. Drew	Vice President - Claims
Lisa M. Pendergast	Vice President - Assistant Treasurer
John R. Schroeder	Vice President - Structured Transactions
Dan D. Stilwell	Vice President and Assistant Secretary
Steven M. Thompson	Vice President - Bulk Transactions
Kathleen E. Valenti	Vice President - Claims Administration
Bernhard W. Verhoeven	Vice President - Bulk Transactions
Gregory J. Roou	Assistant Vice President – Regulatory Relations and Assistant Secretary
Carie L. Vos	Assistant Secretary

The address for all of the above directors and officers is:

250 East Kilbourn Avenue
Milwaukee, WI 53202