

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91498 031 ***150.00

DOCUMENT # P03405

1. Entity Name
MGIC ASSURANCE CORPORATION



Principal Place of Business
**250 E KILBOURN AVE
MILWAUKEE WI 53202
US**

Mailing Address
**P.O. BOX 488
MILWAUKEE WI 53201-0488
US**



2. Principal Place of Business

3. Mailing Address

P.O. Box 756

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Milwaukee, WI

4. FEI Number **39-1830674**

Applied For

Not Applicable

Zip

Country

Zip

53201

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. 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	VD LAUER, J. MICHAEL 250 EAST KILBOURN AVENUE MILWAUKEE WI 53202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS LANE, JEFFREY-H 250 E KILBOURN AVE MILWAUKEE WI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ZIINO, JOSEPH J JR. 250 EAST KILBOURN AVENUE MILWAUKEE WI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZELLNER, LOU T 250 EAST KILBOURN AVENUE MILWAUKEE WI	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP, D JOHN D. FISK 270 E. KILBOURN AVE. MILWAUKEE, WI 53202	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, CEO, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP, CFO, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP, Genl Counsel, Asst. Sect, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP, S, D	<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 checked="" type="checkbox"/> Addition

12. 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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jeffrey H. Lane,
Asst. Secretary**

4/21/03
Date

800/558-9900
Daytime Phone #

CR2E034 (10/02)

Attachment
DOC# P03405

90108869

MGIC ASSURANCE CORPORATION / Document # P03405

ADDITIONAL OFFICERS AND DIRECTORS LIST

ADDITIONAL OFFICERS NOT LISTED IN BLOCK 10.

James S. MacLeod	Executive Vice President - Field Operations
Lawrence J. Pierzchalski	Executive Vice President - Risk Management
Joseph J. Komanecki	Senior Vice President, Controller and Chief Accounting Officer
Patrick Sinks	Senior Vice President - Field Operations
Thomas A. Drew	Vice President - Claims
James A. Karpowicz	Vice President and Treasurer
John R. Schroeder	Vice President - Credit Policy
Dan D. Stilwell	Vice President and Assistant Secretary
Steven M. Thompson	Vice President - Risk Management
Bernhard W. Verhoeven	Vice President - Risk Management
Cheryl L. Webb	Vice President - Marketing
Terrance R. Wright	Vice President - Regulatory Relations and Assistant Secretary
Kathleen E. Valenti	Assistant Vice President - Claims
Carie L. Vos	Assistant Secretary
Lisa M. Pendergast	Assistant Treasurer

ADDITIONAL DIRECTORS NOT LISTED IN BLOCK 10

Joseph J. Komanecki
Patrick Sinks

The address of all officers and directors is: 270 East Kilbourn Avenue
Milwaukee, WI 53202