

1.) CORPORATION NAME:

CMG Mortgage Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802**

DUE DATE: **3/31/2012**

SCC ID NO: **F0401366**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	40,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5910 MINERAL POINT ROAD

CITY/ST/ZIP: MADISON, WI 53705-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JOSEPH F DILLON
TITLE: VICE PRESIDENT
ADDRESS: 5910 MINERAL POINT ROAD
CITY/ST/ZIP/CO: MADISON, WI 53705-

OFFICER DIRECTOR

NAME: SEAN A. DILWEG
TITLE: PRESIDENT
ADDRESS: 5910 MINERAL POINT ROAD
CITY/ST/ZIP/CO: MADISON, WI 53705-

OFFICER DIRECTOR

NAME: EARL W. SEALY
TITLE: SECRETARY
ADDRESS: 5910 MINERAL POINT ROAD
CITY/ST/ZIP/CO: MADISON, WI 53705-

OFFICER DIRECTOR

NAME: RAY D. CHANG
TITLE: TREASURER
ADDRESS: 5910 MINERAL POINT ROAD
CITY/ST/ZIP/CO: MADISON, WI 53705-

OFFICER DIRECTOR

NAME: ANDREW D. CAMERON
TITLE: DIRECTOR
ADDRESS: 5910 MINERAL POINT ROAD
CITY/ST/ZIP/CO: MADISON, WI 53705-

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL T. DEFNET, DIRECTOR 5910 MINERAL POINT ROAD MADISON, WI 53705-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS JETER DIRECTOR 5910 MINERAL POINT ROAD MADISON, WV 53705-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LESLIE R MARQUART DIRECTOR 5910 MINERAL POINT ROAD MADISON, WI 53705-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANGELA CAMPBELL ASST SECRETARY 5910 MINERAL POINT ROAD MADISON, WI 53705-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ANGELA CAMPBELL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ANGELA CAMPBELL, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	1/23/2012 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.