

1.) CORPORATION NAME:

**CMG Mortgage Insurance Company**

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

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: Janet W Parker TITLE: PRESIDENT ADDRESS: 5910 MINERAL POINT ROAD CITY/ST/ZIP/CO: MADISON, WI 53705	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOSEPH F DILLON TITLE: SVP ADDRESS: 5910 MINERAL POINT ROAD CITY/ST/ZIP/CO: MADISON, WI 53705	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Nicole Sanchez TITLE: SECRETARY ADDRESS: 5910 MINERAL POINT ROAD CITY/ST/ZIP/CO: MADISON, WI 53705	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ANGELA CAMPBELL TITLE: ASST SECRETARY ADDRESS: 5910 MINERAL POINT ROAD CITY/ST/ZIP/CO: MADISON, WI 53705	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: RAY D. CHANG TITLE: TREASURER ADDRESS: 5910 MINERAL POINT ROAD CITY/ST/ZIP/CO: MADISON, WI 53705	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ANDREW D. CAMERON TITLE: DIRECTOR ADDRESS: 5910 MINERAL POINT ROAD CITY/ST/ZIP/CO: MADISON, WI 53705	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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
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
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
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	1/30/2013 DATE	
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.			