

FORM E
CONSENT TO JURISDICTION STATEMENT

Filed with the Office of the Commissioner of Insurance,
of the State of Wisconsin
BY

ARCH CAPITAL GROUP (U.S.) INC.

On Behalf of the Following Insurers

Name	Address
CMG MORTGAGE INSURANCE COMPANY, CMG MORTGAGE ASSURANCE COMPANY, AND CMG MORTGAGE REINSURANCE COMPANY	5910 Mineral Point Road Madison, Wisconsin 53705

Date: December __, 2013

Name, Title, Address and Telephone Number of Individual to Whom Notices and Correspondence Concerning this Statement Should be Addressed:

Louis T. Petrillo, Esq.
President & General Counsel
Arch Capital Services Inc.
360 Hamilton Avenue, Suite 600
White Plains, New York 10601-2908
Telephone: 914-872-3610
Facsimile: 914-872-3613
Email: LPetrillo@archcapservices.com

With a copy to:
William J. Toman, Esq.
Quarles & Brady LLP
33 East Main Street
Suite 900
Madison, Wisconsin 53703
Telephone: 608-283-2434
Facsimile: 608-294-4927
Email: william.toman@quarles.com

CONSENT TO JURISDICTION

Arch Capital Group (U.S.) Inc., a proposed affiliate of CMG Mortgage Insurance Company (NAIC # 40266), CMG Mortgage Assurance Company (NAIC # 29114), and CMG Mortgage Reinsurance Company (NAIC # 10992), each an insurer authorized to do business in the state of Wisconsin, pursuant to the requirements of ch. 617, Stats., does hereby consent to the jurisdiction of the Commissioner of Insurance and the courts of the state of Wisconsin upon acquiring control of such Wisconsin insurers.

SIGNATURE

Arch Capital Group (U.S.) Inc. has caused this statement to be duly signed on its behalf in the city of White Plains and state of New York on the 10th day of December, 2013

(NO SEAL)

ARCH CAPITAL GROUP (U.S.) INC.

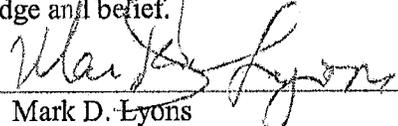
BY 
Name: Mark D. Lyons
Title: Director

Attest: Thomas Ahern


(Signature of Officer)
SVP, Chief Financial Officer
(Title)

CERTIFICATION

The undersigned deposes and says that he or she has duly executed the attached statement dated December 10th, 2013, for and on behalf of Arch Capital Group (U.S.) Inc., that he or she is the Director (Title of Officer) of such company, and that he or she is authorized to execute and file such instrument. Deponent further says that he or she is familiar with such instrument and the contents thereof, and that the facts therein set forth are true to the best of his or her knowledge and belief.


Name: Mark D. Lyons

Subscribed and sworn to this
10 day of December, 2013


Notary Public
My commission expires 7/24/2014

Lillian R. Ferreira
Notary Public State of New York
NO. 01FE6150327
Qualified in Westchester County
My Commission Expires 7/24/2014