

UNITED STATES BANKRUPTCY COURT Middle District of Florida, Jacksonville Div.	PROOF OF CLAIM
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Name of Debtor: TAYLOR, BEAN & WHITAKER MORTGAGE CORP.	Case Number: 3:09-bk-07047-JAF
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NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property): MGIC Investor Services Corporation	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: MGIC Investor Services Corporation P.O. Box 525 Milwaukee WI 53201 Attn: Annette Zimmerman Telephone number: 800-558-9900 x4959	Court Claim Number: _____ (If known)
	Filed on: _____

Name and address where payment should be sent (if different from above): MGIC Investor Services Corporation P.O. Box 525 Milwaukee WI 53201 Attn: Annette Zimmerman Telephone number: 800-558-9900 x4959	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
	<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: <u>\$ 2,470.00</u>	5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.	
If all or part of your claim is entitled to priority, complete item 5.	
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.	Specify the priority of the claim.

2. Basis for Claim: Contract Underwriting
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 0029

3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.	<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other	<input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).
Describe: _____	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).
Value of Property: \$ _____ Annual Interest Rate % _____	<input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).
Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____	<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).
Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____	<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).

CLAIM FILED

JACKSONVILLE, FLORIDA

NOV 30 2009


CLERK, U. S. BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date: 11/24/09	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. Anthony J. Caronna Senior Legal Counsel, MGIC	FOR COURT USE ONLY T, B & W Mortgage Corp.  00321
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MGIC Investor Services Corporation
Attn: Contract Billing Receipts
P.O. Box 566
Milwaukee, WI 53201-0566



Contract Services Invoice

TO:

Fran Erlich
Taylor Bean & Whitaker Mortgage Corp
1760 The Exchange, Suite 200
Atlanta, GA 30339

Check for address or addressee change

Invoice #	Billing Period:	Customer ID:	Payment Due:	Amount Due:
2197789	AUGUST 2009	10-314-4-0029	OCTOBER 31, 2009	\$820.00

INSTRUCTIONS/NOTES:

Please return a copy of this page along with your remittance. If there are any discrepancies, please provide reason and return applicable page(s) of invoice.

Please provide us with name and telephone number of individual reconciling invoice.

Name (please print): _____ Telephone #: (____) _____

SUMMARY OF SERVICES	
On Site Location	Amount
Atlanta, GA	\$820.00
TOTAL:	\$820.00

Questions? Please call (800) 558-9900, Lucy Velazquez ext 6764, Linda Mercado ext 2439, June Duffy ext 6425, or email contract_services@mgic.com.

MGIC Investor Services Corporation
Attn: Contract Billing Receipts
P.O. Box 566
Milwaukee, WI 53201-0566



Contract Services Invoice

TO:

Fran Erlich
Taylor Bean & Whitaker Mortgage Corp
1760 The Exchange, Suite 200
Atlanta, GA 30339

Check for address or addressee change

Invoice #	Billing Period:	Customer ID:	Payment Due:	Amount Due:
2197475	JULY 2009	10-314-4-0029	SEPTEMBER 30, 2009	\$1,650.00

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Please provide us with name and telephone number of individual reconciling invoice.

Name (please print): _____ Telephone #: (____) _____

SUMMARY OF SERVICES	
On Site Location	Amount
Atlanta, GA	\$1,650.00
TOTAL:	\$1,650.00

Questions? Please call (800) 558-9900, Lucy Velazquez ext 6764, Linda Mercado ext 2439, June Duffy ext 6425, or email contract_services@mgic.com.