

814479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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APPROVED  
AND  
FILED

07 DEC 10 AM 8:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R-A Chang*

C. Gouletto DEC 13 2007



## FILING REQUEST

December 4, 2007

FLORIDA DEPARTMENT OF STATE

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<i>Type of Filing:</i>	CHANGE OF AGENT
<i>Subject(s):</i>	MGIC INDEMNITY CORPORATION
<i>Form(s) Enclosed:</i>	STATEMENT OF CHANGE OF REGISTERED OFFICE / REGISTERED AGENT
<i>Supporting Document(s):</i>	NONE
<i>Check Enclosed:</i>	YES - CHECK# 27688 FOR \$35.00
<i>Return Via:</i>	REGULAR MAIL - SASE ATTACHED
<i>Filing Method:</i>	ASAP

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PLEASE RETURN TO: PREMIER CORPORATE SERVICES, INC.  
590 PARK STREET, SUITE 6  
ST. PAUL, MN 55103

Please call me at **1-800-227-1256** if there are any questions.

Thank you!

**Melissa Hobbs**

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Wisconsin in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MGIC Indemnity Corporation
2. The principal office address: 250 East Kilbourn Avenue, Milwaukee, WI 53202
3. The mailing address (if different): P.O. Box 756, Milwaukee, WI 53201
4. Date of incorporation/qualification: 06/27/1960 Document number: 814479
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System

1200 S. Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.


2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Joseph J. Ziino, Jr., Secretary  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

12/04/2007  
(Date)

If signing on behalf of an entity:

Melissa Hobbs, Asst. Secretary  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

07 DEC 10 AM 8:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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