2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814479

Entity Name: MGIC INDEMNITY CORPORATION

Current Principal Place of Business:

250 E KILBOURN AVE REGULATORY RELATIONS DEPT MILWAUKEE, WI 53202

Current Mailing Address:

P.O. BOX 756

MILWAUKEE, WI 53201 US

FEI Number: 39-0916088 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 515 E. PARK AVENUE TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Jan 25, 2013

Secretary of State

CC2175438967

Officer/Director Detail:

Title DCEO Title VD

NameCULVER, CURT SNameLAUER, MICHAEL JAddress250 E KILBOURN AVEAddress250 E KILBOURN AVECity-State-Zip:MILWAUKEE WI 53202City-State-Zip:MILWAUKEE WI 53202

Title VSD Title V7

NameLANE, JEFFREY HNameKARPOWICZ, JAMES AAddress250 E KILBOURN AVEAddress250 E KILBOURN AVECity-State-Zip:MILWAUKEE WI 53202City-State-Zip:MILWAUKEE WI 53202

Title PD Title VD

Name SINKS, PATRICK Name PIERZCHALSKI, LAWRENCE J

Address 250 E KILBOURN AVE Address 250 E KILBOURN AVE
City-State-Zip: MILWAUKEE WI 53202 City-State-Zip: MILWAUKEE WI 53202

Title VP, CONT, CAO, D Title VPASD

Name MATTKE, TIMOTHY J, Name HEYRMAN, HEIDI A.

Address 250 E KILBOURN AVE 250 E KILBOURN AVE

REGULATORY RELATIONS DEPT REGULATORY RELATIONS DEPT

City-State-Zip: MILWAUKEE WI 53202 City-State-Zip: MILWAUKEE WI 53202

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HEIDI A. HEYRMAN VPASD 01/25/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title VP Title VP

Name GALLAS, CARLA A. Name CHI, GREGORY A

Address 250 E KILBOURN AVE Address 250 E KILBOURN AVE

REGULATORY RELATIONS DEPT REGULATORY RELATIONS DEPT

City-State-Zip: MILWAUKEE WI 53202 City-State-Zip: MILWAUKEE WI 53202

Title VP Title VP

Name WEBB, CHERYL L Name ZIMMERMAN, MICHAEL J

Address 250 E KILBOURN AVE Address 250 E KILBOURN AVE

REGULATORY RELATIONS DEPT REGULATORY RELATIONS DEPT

City-State-Zip: MILWAUKEE WI 53202 City-State-Zip: MILWAUKEE WI 53202