2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# 814479

Entity Name: MGIC INDEMNITY CORPORATION

Current Principal Place of Business:

250 E KILBOURN AVE
REGULATORY RELATIONS DEPT
MILWAUKEE, WI 53202 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 756
MILWAUKEE, WI 53201 US

New Mailing Address:

FEI Number: 39-0916088 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR.
STE. 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DCEO
Name: CULVER, CURT S
Address: 250 E KILBOURN AVE
City-St-Zip: MILWAUKEE, WI 53202

Title: VCFO
Name: LAUER, MICHAEL J
Address: 250 E KILBOURN AVE
City-St-Zip: MILWAUKEE, WI 53202

Title: VSD
Name: LANE, JEFFREY H
Address: 250 E KILBOURN AVE
City-St-Zip: MILWAUKEE, WI 53202

Title: VT
Name: KARPOWICZ, JAMES A
Address: 250 E KILBOURN AVE
City-St-Zip: MILWAUKEE, WI 53202

Title: PD
Name: SINKS, PATRICK
Address: 250 E KILBOURN AVE
City-St-Zip: MILWAUKEE, WI 53202

Title: VD
Name: PIERZCHALSKI, LAWRENCE J
Address: 250 E KILBOURN AVE
City-St-Zip: MILWAUKEE, WI 53202

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: CURT S. CULVER CCEO 01/07/2011

Electronic Signature of Signing Officer or Director Date