P03405

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Constitution to Elizabeth					
Special Instructions to Filing Officer:					
N.					

Office Use Only



700109176007

09/17/07--01027--014 **35.00

FILED

07 SEP 17 PN 12: 44

SECRETARY OF STATE
TAULAHASSEE FLORINA

SL





FILING REQUEST

September 11, 2007

FLORIDA DEPARTMENT OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

MGIC ASSURANCE CORPORATION

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED OFFICE / AGENT

Supporting Document(s):

NONE

Check Enclosed:

YES - CHECK# 26964 FOR \$35.00

Return Via:

REGULAR MAIL - SASE ATTACHED

Filing Method:

ASAP

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ ir to change its registered office or regist	nized under the laws of the State of Wisc	consin		
	the corporation:				
	office address: 250 E. Kilbourn Ave, Milv				
3. The mailing a	ddress (if different): P.O. Box 756, Mil	waukee, WI 53201			
4. Date of incorp	poration/qualification: 9/17/1984	Document number: P03405			
5. The name and	I street address of the current registered a tment of State:		he		
	Chief Financial Officer				
	200 E. Gaines St.		≘4 ,.		
	Tallahassee, FL 32399		SECRE	07 SI	
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or registered office	IARY 6	P 17	FILE
	NRAI Services, Irc.		FLO	2	Ö
	2731 Executive Park Drive,		RATE RODE	7.	
	(P.O. Box NOT acceptable Weston, FL 33331			₽	
The street addre	ess of its registered office and the street be identical.	address of the business office of its re	egistered	l agent	•
Such change was authorized by the	as authorized by resolution duly adopte ne board, or the corporation has been no	d by its board of directors or by an of otified in writing of the change.	ficer so		
(Signati	an other or director	Joseph J. Ziino, Jr., Secretary (Printed or typed name and title)		
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent ar to comply with the provisions of all stat and I am familiar with and accept the obi ing filed merely to reflect a change in the s been notified in writing of this change	nd agree to act in this capacity. tutes relative to the proper and compl ligation of my position as registered a ne registered office address, I hereby o		rmanc r, if th that th	:e is e
Music	gnature of Registered Agent)	9/11/2007 (Date)			
If signing on be	chalf of an entity:				
	Obs, Assistant Secretary Typed or Printed Name)				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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