

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03405

FILED
Feb 19, 2008
Secretary of State

Entity Name: MGIC ASSURANCE 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
REGULATORY RELATIONS DEPT.
MILWAUKEE, WI 53201 US

New Mailing Address:

FEI Number: 39-1830674

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CCEO () Delete
Name: CULVER, CURT S
Address: 250 E KILBOURN AVENUE
City-St-Zip: MILWAUKEE, WI 53202

Title: CFOD () Delete
Name: LAUER, J. MICHAEL
Address: 250 EAST KILBOURN AVENUE
City-St-Zip: MILWAUKEE, WI 53202

Title: VASD () Delete
Name: LANE, JEFFREY H
Address: 250 E KILBOURN AVE
City-St-Zip: MILWAUKEE, WI

Title: DVS () Delete
Name: ZIINO, JOSEPH J JR.
Address: 250 EAST KILBOURN AVENUE
City-St-Zip: MILWAUKEE, WI

Title: VT () Delete
Name: KARPOWIOZ, JAMES A
Address: 250 E. KILBOURN AVE.
City-St-Zip: MILWAUKEE, WI 53202

Title: VD () Delete
Name: KOMANECKI, JOSEPH J
Address: 250 E. KILBOURN AVE.
City-St-Zip: MILWAUKEE, WI 53202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSEPH J. ZIINO, JR.

DVS

02/19/2008

Electronic Signature of Signing Officer or Director

_____ Date