2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# P03405

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.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: CEOD
Name: CULVER, CURT S
Address: 250 E KILBOURN AVENUE
City-St-Zip: MILWAUKEE, WI 53202

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

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

Title: VSD
Name: HEYRMAN, HEIDI A
Address: 250 EAST KILBOURN AVENUE
City-St-Zip: MILWAUKEE, WI

Title: VT
Name: KARPOWIOZ, 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

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 CEOD 01/09/2012

Electronic Signature of Signing Officer or Director Date