

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002562

Entity Name: PMI INSURANCE CO.**Current Principal Place of Business:**3003 OAK RD.
SUITE 200
WALNUT CREEK, CA 94597**Current Mailing Address:**3003 OAK RD.
SUITE 200
WALNUT CREEK, CA 94597 US**FEI Number:** 86-0777510**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** MADONNA CUDDIHY

02/12/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CEO
Name	ELLINGSON, DARREN T.
Address	3003 OAK RD. SUITE 200
City-State-Zip:	WALNUT CREEK CA 94597
Title	CFO, CORPORATE TREASURER
Name	CHANG, RAY D
Address	3003 OAK RD. 200
City-State-Zip:	WALNUT CREEK CA 94597

Title	GENERAL COUNSEL, SECRETARY & COMPLIANCE OFFICER
Name	CONCEPCION, REMEDIOS S.
Address	3003 OAK RD. SUITE 200
City-State-Zip:	WALNUT CREEK CA 94597
Title	COO
Name	CLANCY, THOMAS J
Address	3003 OAK RD. 200
City-State-Zip:	WALNUT CREEK CA 94597

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: REMEDIOS CONCEPCION**GENERAL COUNSEL AND SECRETARY** 02/12/2021

Electronic Signature of Signing Officer/Director Detail

Date