

831546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

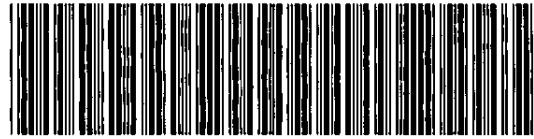
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RIA Chg

MAR 24 2014

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PMI Mortgage Insurance Co
Name of Corporation

DOCUMENT NUMBER: 831546

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Carol M. Vanairsdale
Name of Contact Person

PMI Mortgage Insurance Co.
Firm/Company

3003 Oak Road
Address

Walnut Creek, CA 94597
City/State and Zip Code

carol.vanairsdale@pmigroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carol Vanairsdale at (925) 658-6855
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of California in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PMI Mortgage Insurance Co.
2. The principal office address: 3003 Oak Rd
Walnut Creek, CA 94597
3. The mailing address (if different): same as above
4. Date of incorporation/qualification: 12/31/1973 Document number: 831546

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Chief Financial Officer
P O Box 3200 (32314-6200), 200 e. Gaines Street
Tallahassee, FL 32399-0000

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

P.O. Box NOT acceptable

STATE DEPARTMENT OF STATE
TALLAHASSEE FLORIDA
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Carol M. Vanairsdale
Signature of an officer or director

Carol M. Vanairsdale - Secretary
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Cardell Rankin
Signature of Registered Agent

3/5/14
Date

If signing on behalf of an entity:

Cardell Rankin
Assistant Secretary

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314