Electronic Signature of Signing Officer/Director Detail

above, or on an attachment with all other like empowered.

SIGNATURE: REMEDIOS CONCEPCION

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	SPECIAL DEPUTY RECEIVER	Title	GENERAL COUNSEL & SECRETARY
Name	DARREN, ELLINGSON T.	Name	CONCEPCION, REMEDIOS S.
Address	3003 OAK ROAD 200	Address	3003 OAK ROAD SUITE 200
City-State-Zip:	WALNUT CREEK CA 94597	City-State-Zip:	WALNUT CREEK CA 94597
Title	CHIEF FINANCIAL OFFICER & CORPORATE TREASURER	Title Name	CHIEF OPERATIONS OFFICER CLANCY, THOMAS J.
Name	CHANG, RAY D.		
Address	3003 OAK ROAD SUITE 200	Address	3003 OAK ROAD SUITE 200
City-State-Zip:	WALNUT CREEK CA 94597	City-State-Zip:	WALNUT CREEK CA 94597

SUITE 200

Name and Address of Current Registered Agent:

Current Mailing Address:

WALNUT CREEK, CA 94597 US

Entity Name: PMI MORTGAGE INSURANCE COMPANY

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

3003 OAK ROAD SUITE 200 WALNUT CREEK, CA 94597

DOCUMENT# 831546

3003 OAK ROAD

FEI Number: 94-2208266

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

02/12/2021 GENERAL COUNSEL AND SECRETARY

FILED Feb 12, 2021 Secretary of State 7802858581CC

Certificate of Status Desired: No

Date