

1.) CORPORATION NAME:

MGIC Indemnity Corporation

DUE DATE: **7/31/2011**

SCC ID NO: **F0132110**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 250 E KILBOURN AVENUE

CITY/ST/ZIP: MILWAUKEE, WI 53202-3102

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: PATRICK SINKS
TITLE: P/COO
ADDRESS: 250 E KILBOURN AVENUE
CITY/ST/ZIP/CO: MILWAUKEE, WI 53202-3102

OFFICER

DIRECTOR

NAME: CURT S CULVER
TITLE: CEO/COB
ADDRESS: 250 E KILBOURN AVE
CITY/ST/ZIP/CO: MILWAUKEE, WI 53202-3102

OFFICER

DIRECTOR

NAME: JAMES A KARPOWICZ
TITLE: VP/T
ADDRESS: 250 E KILBOURN AVE
CITY/ST/ZIP/CO: MILWAUKEE, WI 53202-

OFFICER

DIRECTOR

NAME: JEFFREY H LANE
TITLE: EVP/GC/ASST SEC
ADDRESS: 250 E KILBOURN AVE
CITY/ST/ZIP/CO: MILWAUKEE, WI 53202-

OFFICER

DIRECTOR

NAME: J MICHAEL LAUER
TITLE: EVP/CFO
ADDRESS: 250 E KILBOURN AVE
CITY/ST/ZIP/CO: MILWAUKEE, WI 53202-

OFFICER

DIRECTOR

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LAWRENCE J PIERZCHALSKI		
TITLE: EVP - RISK		
ADDRESS: 250 E. KILBOURN AVE		
CITY/ST/ZIP/CO: MILWAUKEE, WI 53202-		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TIMOTHY J MATTKE		
TITLE: VP, CONTROLLER		
ADDRESS: 250 E. KILBOURN AVE		
CITY/ST/ZIP/CO: MILWAUKEE, WI 53202-		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HEIDI A HEYRMAN		
TITLE: VP AST GC AST S		
ADDRESS: 250 E. KILBOURN AVE.		
CITY/ST/ZIP/CO: MILWAUKEE, WI 53202-		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CARLA A GALLAS		
TITLE: SVP-CLAIMS		
ADDRESS: 250 E. KILBOURN AVE.		
CITY/ST/ZIP/CO: MILWAUKEE, WI 53202-		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MICHAEL G. MEADE		
TITLE: SVP-INF. SVCS		
ADDRESS: 250 E. KILBOURN AVE.		
CITY/ST/ZIP/CO: MILWAUKEE, WI 53202-		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: STEVEN T SNODGRASS		
TITLE: SVP-CAPITAL MKT		
ADDRESS: 250 E. KILBOURN AVE		
CITY/ST/ZIP/CO: MILWAUKEE, WI 53202-		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CHERYL L. WEBB		
TITLE: SVP-FIELD OPS		
ADDRESS: 250 E. KILBOURN AVE		
CITY/ST/ZIP/CO: MILWAUKEE, WI 53202-		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MICHAEL J ZIMMERMAN		
TITLE: SVP-INVESTOR RE		
ADDRESS: 250 E. KILBOURN AVE		
CITY/ST/ZIP/CO: MILWAUKEE, WI 53202-		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ HEIDI A HEYRMAN	HEIDI A HEYRMAN, VP AST GC AST S	6/6/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.