

1.) CORPORATION NAME:

MGIC Indemnity Corporation

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

SCC ID NO: **F0132110**

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO 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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/COO		
ADDRESS:	250 E KILBOURN AVENUE		
CITY/ST/ZIP/CO:	MILWAUKEE, WI 53202-3102		

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

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

NAME:	JAMES A KARPOWICZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/T		
ADDRESS:	250 E KILBOURN AVE		
CITY/ST/ZIP/CO:	MILWAUKEE, WI 53202		

NAME:	JEFFREY H LANE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/GC/ASST SEC		
ADDRESS:	250 E KILBOURN AVE		
CITY/ST/ZIP/CO:	MILWAUKEE, WI 53202		

NAME:	CURT S CULVER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/COB		
ADDRESS:	250 E KILBOURN AVE		
CITY/ST/ZIP/CO:	MILWAUKEE, WI 53202-3102		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J MICHAEL LAUER EVP/CFO 250 E KILBOURN AVE MILWAUKEE, WI 53202	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAWRENCE J PIERZCHALSKI EVP - RISK 250 E. KILBOURN AVE MILWAUKEE, WI 53202	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARLA A GALLAS SVP-CLAIMS 250 E. KILBOURN AVE. MILWAUKEE, WI 53202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN T SNODGRASS SVP-CAPITAL MKT 250 E. KILBOURN AVE MILWAUKEE, WI 53202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHERYL L. WEBB SVP-FIELD OPS 250 E. KILBOURN AVE MILWAUKEE, WI 53202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL J ZIMMERMAN SVP-INVESTOR RE 250 E. KILBOURN AVE MILWAUKEE, WI 53202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	HEIDI A HEYRMAN, VP AST GC AST S PRINTED NAME AND CORPORATE TITLE	6/4/2012 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.			