

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213525886

1.) CORPORATION NAME:

MGIC Indemnity Corporation

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0132110**

5.) STOCK INFORMATION

CLASS AUTHORIZED

GLEN ALLEN, VA

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

OFFICER

DIRECTOR

NAME: HEIDI A HEYRMAN
TITLE: VP AST GC AST S
ADDRESS: 250 E. KILBOURN AVE.
CITY/ST/ZIP/CO: MILWAUKEE, WI 53202

OFFICER

DIRECTOR

NAME: TIMOTHY J MATTKE
TITLE: SVP, CONTROLLER
ADDRESS: 250 E. KILBOURN AVE
CITY/ST/ZIP/CO: MILWAUKEE, WI 53202

OFFICER

DIRECTOR

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

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

OFFICER

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:	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
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lisa M Pendergast VP/T 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	5/31/2013 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.			