

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214530320

1.) CORPORATION NAME:

MGIC Indemnity Corporation

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0132110**

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 TITLE: P/COO ADDRESS: 250 E KILBOURN AVENUE CITY/ST/ZIP/CO: MILWAUKEE, WI 53202-3102	<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 checked="" type="checkbox"/> DIRECTOR
NAME: LISA M PENDERGAST TITLE: VP/T ADDRESS: 250 E. KILBOURN AVE. CITY/ST/ZIP/CO: MILWAUKEE, WI 53202	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JEFFREY H LANE TITLE: EVP/GC/SEC ADDRESS: 250 E KILBOURN AVE CITY/ST/ZIP/CO: MILWAUKEE, WI 53202	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CURT S CULVER TITLE: CEO/COB ADDRESS: 250 E KILBOURN AVE CITY/ST/ZIP/CO: MILWAUKEE, WI 53202-3102	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TIMOTHY J MATTKE TITLE: SVP, CFO ADDRESS: 250 E. KILBOURN AVE CITY/ST/ZIP/CO: MILWAUKEE, WI 53202	<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: 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: 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	<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	6/12/2014 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.		