

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213500212

1.) CORPORATION NAME:

MORTGAGE GUARANTY INSURANCE CORPORATION

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0360661**

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 100,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 250 EAST KILBOURN AVE

CITY/ST/ZIP: MILWAUKEE, WI 53202

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: | JEFFREY H LANE | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | EXEC VP/GC/S | | |
| ADDRESS: | 250 EAST KILBOURN AVE | | |
| CITY/ST/ZIP/CO: | MILWAUKEE, WI 53202 | | |

| | | | |
|-----------------|-----------------------|---|-----------------------------------|
| NAME: | JON MICHAEL LAUER | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | EXEC VP/CFO | | |
| ADDRESS: | 250 EAST KILBOURN AVE | | |
| CITY/ST/ZIP/CO: | MILWAUKEE, WI 53202 | | |

| | | | |
|-----------------|--------------------------|---|-----------------------------------|
| NAME: | TIMOTHY JAMES MATTKE | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SVP, CONT,CAO | | |
| ADDRESS: | 250 EAST KILBOURN AVENUE | | |
| CITY/ST/ZIP/CO: | MILWAKUKEE, WI 53202 | | |

| | | | |
|-----------------|----------------------|---|--|
| NAME: | CURT STEVEN CULVER | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | CEO/CHAIRMAN | | |
| ADDRESS: | 250 EST KILBOURN AVE | | |
| CITY/ST/ZIP/CO: | MILWAUKEE, WI 53202 | | |

| | | | |
|-----------------|-----------------------|---|-----------------------------------|
| NAME: | PATRICK NMN SINKS | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | PRS/COO | | |
| ADDRESS: | 250 EAST 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/ JEFFREY H LANE | JEFFREY H LANE, EXEC VP/GC/S | 1/2/2013 |
| 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.