

1.) CORPORATION NAME:

MGIC Assurance Corporation

DUE DATE: **5/31/2011**

SCC ID NO: **F1337940**

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	350,000

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

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

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

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

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

<u>/s/ HEIDI A. HEYRMAN</u>	<u>HEIDI A. HEYRMAN, SECRETARY</u>	<u>4/5/2011</u>
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.