

1.) CORPORATION NAME:

**MGIC Assurance Corporation**

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1337940**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	350,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

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:	PATRICK SINKS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/COO		
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:	VICE PRESIDENT		
ADDRESS:	250 E. KILBOURN AVENUE		
CITY/ST/ZIP/CO:	MILWAUKEE, WI 53202		
NAME:	LAWRENCE J. PIERZCHALSKI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	250 E. KILBOURN AVENUE		
CITY/ST/ZIP/CO:	MILWAUKEE, WI 53202		
NAME:	JAMES A KARPOWICZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/CIO/TREAS		
ADDRESS:	250 E KILBOURN AVE		
CITY/ST/ZIP/CO:	MILWAUKEE, WI 53202		
NAME:	HEIDI A. HEYRMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	250 E. KILBOURN AVENUE		
CITY/ST/ZIP/CO:	MILWAUKEE, WI 53202		
NAME:	JEFFREY H LANE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/GC/AS		
ADDRESS:	250 E KILBOURN AVE		
CITY/ST/ZIP/CO:	MILWAUKEE, WI 53202		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CURT S CULVER CHRMN/CEO 250 E KILBOURN AVE MILWAUKEE, WI 53202	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JON MICHAEL LAUER EVP/CFO 250 E KILBOURN AVEN MILWAUKEE, WI 53202	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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	HEIDI A. HEYRMAN, SECRETARY	4/3/2012
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.