

1.) CORPORATION NAME:

**MGIC Assurance Corporation**

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1337940**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	350,000

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 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.

<p>NAME: PATRICK SINKS TITLE: PRES/COO ADDRESS: 250 E KILBOURN AVE CITY/ST/ZIP/CO: MILWAUKEE, WI 53202</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: HEIDI A. HEYRMAN TITLE: VP, AGC &amp; SEC ADDRESS: 250 E. KILBOURN AVENUE CITY/ST/ZIP/CO: MILWAUKEE, WI 53202</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: LAWRENCE J. PIERZCHALSKI TITLE: EVP ADDRESS: 250 E. KILBOURN AVENUE CITY/ST/ZIP/CO: MILWAUKEE, WI 53202</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: LISA M. PENDERGAST TITLE: VP, TREASURER ADDRESS: 250 E. KILBOURN AVENUE CITY/ST/ZIP/CO: MILWAUKEE, WI 53202</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JEFFREY H LANE TITLE: EVP/GC/AS ADDRESS: 250 E KILBOURN AVE CITY/ST/ZIP/CO: MILWAUKEE, WI 53202</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: CURT S CULVER TITLE: CHRMN/CEO ADDRESS: 250 E KILBOURN AVE CITY/ST/ZIP/CO: MILWAUKEE, WI 53202</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:                   TIMOTHY J. MATTKE TITLE:                   SVP, CONTR. CAO ADDRESS:               250 E. KILBOURN AVENUE CITY/ST/ZIP/CO:       MILWAUKEE, WI 53202	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:                   Carla A. Gallas TITLE:                   VICE PRESIDENT ADDRESS:               250 E. Kilbourn Avenue CITY/ST/ZIP/CO:       Milwaukee, WI 53202	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:                   Cheryl L. Webb TITLE:                   VICE PRESIDENT ADDRESS:               250 E. Kilbourn Avenue 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, AGC & SEC PRINTED NAME AND CORPORATE TITLE	4/24/2014 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.				