

1.) CORPORATION NAME:

MGIC Credit Assurance Corporation

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1459884**

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000

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:	PATRICK SINKS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/COO		
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:	VP, AST GC, SEC		
ADDRESS:	250 EAST KILBOURN AVENUE		
CITY/ST/ZIP/CO:	MILWAUKEE, WI 53202		

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

NAME:	J MICHAEL LAUER	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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 checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP/CONT/CAO		
ADDRESS:	250 EAST KILBOURN AVE		
CITY/ST/ZIP/CO:	MILWAUKEE, WI 53202		

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

NAME: CARLA A. GALLAS TITLE: VICE PRESIDENT ADDRESS: 250 EAST KILBOURN AVE 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 EAST KILBOURN AVE CITY/ST/ZIP/CO: MILWAUKEE, WI 53202	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JAMES A. KARPOWICZ TITLE: SRVP & TREAS ADDRESS: 250 EAST KILBOURN AVE CITY/ST/ZIP/CO: MILWAUKEE, WI 53202	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: CURT S CULVER TITLE: CHAIRMAN/CEO ADDRESS: 250 EAST KILBOURN AVE 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.	
/s/ HEIDI A. HEYRMAN _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	HEIDI A. HEYRMAN, VP, AST GC, SEC _____ PRINTED NAME AND CORPORATE TITLE
1/15/2013 _____ 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.	