

1.) CORPORATION NAME:

DUE DATE: **2/28/2014**

MGIC Credit Assurance Corporation

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1459884**

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

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.

<p>NAME: PATRICK SINKS TITLE: P/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, AST GC, SEC ADDRESS: 250 EAST KILBOURN AVENUE CITY/ST/ZIP/CO: MILWAUKEE, WI 53202</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JEFFREY H LANE TITLE: EXEC VP/GC/AS ADDRESS: 250 EAST KILBOURN AVE CITY/ST/ZIP/CO: MILWAUKEE, WI 53202</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: J MICHAEL LAUER TITLE: EXEC VP/CFO ADDRESS: 250 EAST KILBOURN AVE CITY/ST/ZIP/CO: MILWAUKEE, WI 53202</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: TIMOTHY JAMES MATTKE TITLE: SR VP/CONT/CAO ADDRESS: 250 EAST KILBOURN AVE 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-Risk ADDRESS: 250 EAST KILBOURN AVENUE CITY/ST/ZIP/CO: MILWAUKEE, WI 53202</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: CARLA A. GALLAS TITLE: SVP-Claims 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: SVP - Field Ops 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
NAME: Lisa M. Pendergast TITLE: VP - Treasurer ADDRESS: 250 E. Kilbourn Ave. 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, AST GC, SEC PRINTED NAME AND CORPORATE TITLE
1/6/2014 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.	