

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL						
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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility

(Print or Type Responses) Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 1. Name and Address of Reporting Person* 2. Date of Event 3. Issuer Name and Ticker or Trading Symbol Requiring Statement DEWEY LONDA J MGE ENERGY INC MGEE (Month/Day/Year) 2/8/2008 (Middle) 4. Relationship of Reporting Person(s) to Issuer 5. If Amendment, Date (Last) (First) (Check all applicable) Original Filed (Month/Day/Year) 133 SOUTH BLAIR ST P.O. BOX 1231 X Director 10% Owner Officer (give Other (specify 6. Individual or Joint/Group (Street) Filing (Check Applicable Line)

X Form filed by One Reporting Person

Form filed by More than One Reporting Person title below) below) MADISON WI 53701-1231 (State) (City) (Zip) Table I -- Non-Derivative Securities Beneficially Owned 1. Title of Security 2. Amount of Securities 4. Nature of Indirect Beneficial Ownership 3. Ownership Form: Direct (Instr. 4) Beneficially Owned (Instr. 5) (Instr. 4) (D) or Indirect (I) (Instr. 5) MGEE Common Stock 1,000 D

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. * If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).

Title of Derivative Security (Instr. 4)	Expi Date	ole and ration	3. Title and Amount of Securities Underlying Derivative Securities (Instr. 4)		4. Conversion or Exercise Price of Deri-	ship Form of Deriv- ative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exer- cisable	Expira- tion Date	Title	Amount or Number of Shares	vative Security	Security: Direct (D) or Indirect (I) (Instr. 5)	
Explanation of Responses:							
** Intentional misstatements or omissions of facts constitute F See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).	ederal Crimina	l Violatior	ns.				

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

/s/ Londa J. Dewey

** Signature of Reporting Person

2/8/2008 Date

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.