

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -4 AM 10: 13



DOCUMENT # P03440 1. Entity Name RADIAN GUARANTY INC.	
Principal Place of Business 1601 MARKET ST. PHILADELPHIA, PA 19103 US	Mailing Address 1601 MARKET ST. PHILADELPHIA, PA 19103 US



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2018130	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KARLEN, SUSAN
 1419 HOLLEMON DRIVE
 VALRICO, FL 33594

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	KASMAR, ROY J
STREET ADDRESS	18 HARRISON LANE
CITY-ST-ZIP	NEWTOWN SQUARE, PA 19073
TITLE	SD
NAME	YARUSS, HOWARD
STREET ADDRESS	1601 MARKET ST
CITY-ST-ZIP	PHILADELPHIA, PA
TITLE	SVPD
NAME	QUINT, ROBERT C.
STREET ADDRESS	15 PIKES WAY
CITY-ST-ZIP	CHELTHENHAM, PA 19012
TITLE	T
NAME	LATIMER, TERRY
STREET ADDRESS	909 PINEVIEW DRIVE
CITY-ST-ZIP	WEST CHESTER, PA 19380
TITLE	VP
NAME	RADICIONI, ROBERT
STREET ADDRESS	3033 ARROW HEAD LANE
CITY-ST-ZIP	PLYMOUTH MEETING, PA 19462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/05--01021--002 **200.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Radicioni Robert Radicioni 1/13/05 (215) 231-1407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #