
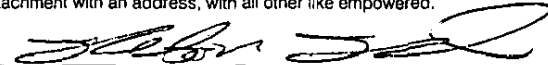


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90208 021 ***150.00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-2018130	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KARLEN, SUSAN 1419 HOLLEMON DRIVE VALRICO, FL 33594			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASMAR, ROY J		NAME	Mork Casale	
STREET ADDRESS	18 HARRISON LANE		STREET ADDRESS	1219 Gulph Creek Road	
CITY-ST-ZIP	NEWTOWN SQUARE, PA 19073		CITY-ST-ZIP	Radnor, PA 19087	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YARUSS, HOWARD		NAME	Tim Hunter	
STREET ADDRESS	1601 MARKET ST		STREET ADDRESS	1009 Annin street	
CITY-ST-ZIP	PHILADELPHIA, PA		CITY-ST-ZIP	Philadelphia, PA 19147	
TITLE	SVPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINT, ROBERT C.		NAME		
STREET ADDRESS	15 PIKES WAY		STREET ADDRESS		
CITY-ST-ZIP	CHELTENHAM, PA 19012		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATIMER, TERRY		NAME		
STREET ADDRESS	909 PINEVIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WEST CHESTER, PA 19380		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADICIONI, ROBERT		NAME		
STREET ADDRESS	3033 ARROW HEAD LANE		STREET ADDRESS		
CITY-ST-ZIP	PLYMOUTH MEETING, PA 19462		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date: 4/28/06		Daytime Phone #: 215-231-1631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #