

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03440

FILED  
Apr 22, 2010  
Secretary of State

Entity Name: RADIAN GUARANTY INC.

**Current Principal Place of Business:**

1601 MARKET ST.  
CORPORATE TAX  
PHILADELPHIA, PA 19103 US

**New Principal Place of Business:**

**Current Mailing Address:**

1601 MARKET ST.  
CORPORATE TAX  
PHILADELPHIA, PA 19103 US

**New Mailing Address:**

FEI Number: 23-2018130      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KARLEN, SUSAN  
1419 HOLLEMON DRIVE  
VALRICO, FL 33594 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BRYCE, TERESA  
Address: 1601 MARKET STREET  
City-St-Zip: PHILADELPHIA, PA 19103

Title: S  
Name: HUNTER, TIM  
Address: 1009 ANNIN ST.  
City-St-Zip: PHILADELPHIA, PA 19147

Title: VCFO  
Name: QUINT, ROBERT C.  
Address: 15 PIKES WAY  
City-St-Zip: CHELTENHAM, PA 19012

Title: T  
Name: LATIMER, TERRY  
Address: 909 PINEVIEW DRIVE  
City-St-Zip: WEST CHESTER, PA 19380

Title: SV  
Name: RADICIONI, ROBERT  
Address: 3033 ARROW HEAD LANE  
City-St-Zip: PLYMOUTH MEETING, PA 19462

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT V. RADICIONI

SV

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date