

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90078 018 ***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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-2018130**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER
 STATE CAPITOL
 TALLAHASSEE FL 32330**

Name Karlen, Susan
 Street Address (P.O. Box Number is Not Acceptable)
1419 Holloman Drive
 City Valrico FL Zip Code 33594

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.

SIGNATURE SUSAN KARLEN Susan Karlen JAN. 16 2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KASMAR, ROY J	
STREET ADDRESS	18 HARRISON LANE	
CITY-ST-ZIP	NEWTOWN SQUARE PA 19073	
TITLE	SD	<input type="checkbox"/> Delete
NAME	YARUSS, HOWARD	
STREET ADDRESS	1601 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	QUINT, ROBERT C.	
STREET ADDRESS	15 PIKES WAY	
CITY-ST-ZIP	CHELTENHAM PA 19012	
TITLE	T	<input type="checkbox"/> Delete
NAME	LATIMER, TERRY	
STREET ADDRESS	909 PINEVIEW DRIVE	
CITY-ST-ZIP	WEST CHESTER PA 19380	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RADICIONE, ROBERT	
STREET ADDRESS	3033 ARROW HEAD LANE	
CITY-ST-ZIP	PLYMOUTH MEETING PA 19462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 1/27/02 215-564-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0012-2-4

CR2E034 (9/01)