

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 839735
1. Entity Name
AMERIN GUARANTY CORPORATION



Principal Place of Business
1601 MARKET STREET
PHILADELPHIA, PA 19103 US

Mailing Address
1601 MARKET STREET
PHILADELPHIA, PA 19103 US



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-1922977

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KARLEN, SUSAN
1419 HOLLEMAN DRIVE
VALRICO, FL 33594

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KASMAR, ROY J
STREET ADDRESS	18 HARRISON LANE
CITY - ST - ZIP	NEWTOWN SQUARE, PA 19073
TITLE	CFOE
NAME	QUINT, C. ROBERTSON
STREET ADDRESS	15 PIKES WAY
CITY - ST - ZIP	CHELTENHAM, PA 19012
TITLE	SGCV
NAME	YARUSS, HOWARD S
STREET ADDRESS	80 CENTRAL PARK WEST
CITY - ST - ZIP	NEW YORK, NY 10023
TITLE	T
NAME	LATIMER, TERRY
STREET ADDRESS	909 PINEVIEW DRIVE
CITY - ST - ZIP	WEST CHESTER, PA 19380
TITLE	V
NAME	RADICIONI, ROBERT
STREET ADDRESS	3033 ARROW HEAD LANE
CITY - ST - ZIP	PLYMOUTH MTS, PA 19462
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000012719
01/26/04-80021-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 V. Radicioni - Robert V. Radicioni: 1/15/04 (215) 231-1407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #