


**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 Mailing Address
1601 MARKET STREET 1601 MARKET STREET
PHILADELPHIA, PA 19103 US PHILADELPHIA, PA 19103 US

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 23-1922977	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 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 rechartering) 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 NAME STREET ADDRESS CITY - ST - ZIP	PD KASMAR, ROY J 18 HARRISON LANE NEWTOWN SQUARE, PA 19073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFOE QUINT, C. ROBERTSON 15 PIKES WAY CHELTENHAM, PA 19012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SGCV YARUSS, HOWARD S 80 CENTRAL PARK WEST NEW YORK, NY 10023
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LATIMER, TERRY 909 PINEVIEW DRIVE WEST CHESTER, PA 19380
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RADICIONI, ROBERT 3033 ARROW HEAD LANE PLYMOUTH MTS, PA 19462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000012719
01/26/04-80021-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Date: 1/15/04 Daytime Phone #: (215) 231-1407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #