

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90029 034 ***150.00

DOCUMENT # P03440

1. Entity Name

RADIAN GUARANTY INC.

Principal Place of Business

Mailing Address

1601 MARKET ST.
 PHILADELPHIA PA 19103
 US

1601 MARKET ST.
 PHILADELPHIA PA 19103-2301
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-2018130

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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

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.

SIGNATURE

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, 2000 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

TITLE	PCEO	<input checked="" type="checkbox"/> Delete
NAME	FILIPPS, FRANK P.	
STREET ADDRESS	252 RAVENSCLIFF	
CITY-ST-ZIP	ST. DAVIDS PA	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	MACLEOD, DOUGLAS J.	
STREET ADDRESS	1226 RIDGEWOOD ROAD	
CITY-ST-ZIP	BRYN MAWR PA	
TITLE	ST	<input type="checkbox"/> Delete
NAME	YARUSS, HOWARD	
STREET ADDRESS	1601 MARKET ST	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FILIPPS, FRANK P.	
STREET ADDRESS	252 RAVENSCLIFF	
CITY-ST-ZIP	ST. DAVIDS PA	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	QUINT, ROBERT C.	
STREET ADDRESS	15 PIKES WAY	
CITY-ST-ZIP	CHELLENHAM PA 19012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Kasmar, Roy J.	
STREET ADDRESS	18 Harrison Lane	
CITY-ST-ZIP	Newtown Square PA 19073	
TITLE	Exec. Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Will Albert V.	
STREET ADDRESS	12241 Bayhill Drive	
CITY-ST-ZIP	Carmel, IN 46033	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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:

Robert Quint **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/2000 215-561-6600
 Date Daytime Phone
 EXT 34