

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 29 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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



04092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
23-2018130 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 HOLLEMON 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

600035551946  
05/06/04--01007--018 \*\*200.00

**FILE NUMBER FEE IS \$150.00**  
**By 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	P KASMAR, ROY J 18 HARRISON LANE NEWTOWN SQUARE, PA 19073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YARUSS, HOWARD 1601 MARKET ST PHILADELPHIA, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD QUINT, ROBERT C. 15 PIKES WAY CHELTENHAM, PA 19012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LATIMER, TERRY 909 PINEVIEW DRIVE WEST CHESTER, PA 19380
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RADICIONI, ROBERT 3033 ARROW HEAD LANE PLYMOUTH MEETING, PA 19462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/04  
Date

215-231-1631  
Daytime Phone #