


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # P03440**  
 1. Entity Name  
**RADIAN GUARANTY INC.**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 FEB -4 AM 10:13

Principal Place of Business  
 1601 MARKET ST.  
 PHILADELPHIA, PA 19103 US

Mailing Address  
 1601 MARKET ST.  
 PHILADELPHIA, PA 19103 US



01112005 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 <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	

200046631162  
 02/15/05--01021--002 \*\*200.00

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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)(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:**  **Robert Radicioni** 1/13/05 (215) 231-1407

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