

**2022 FOREIGN PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 839735

**Entity Name:** RADIAN MORTGAGE ASSURANCE INC.

**Current Principal Place of Business:**

550 EAST SWEDES FORD ROAD  
#350  
WAYNE, PA 19087

**Current Mailing Address:**

550 EAST SWEDES FORD ROAD  
#350  
WAYNE, PA 19087 US

**FEI Number:** 23-1922977

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 US

*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:** WENDY SMITH

10/05/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MCMAHON, BRIEN  
Address 550 EAST SWEDES FORD ROAD  
#350  
City-State-Zip: WAYNE PA 19087

Title DIRECTOR, PRESIDENT  
Name BRUMMER, DEREK  
Address 550 EAST SWEDES FORD ROAD  
#350  
City-State-Zip: WAYNE PA 19087

Title DIRECTOR, SECRETARY  
Name HOFFMAN, EDWARD J.  
Address 550 EAST SWEDES FORD ROAD  
#350  
City-State-Zip: WAYNE PA 19087

Title DIRECTOR, CHIEF FINANCIAL OFFICER  
Name HALL, J. FRANKLIN  
Address 550 EAST SWEDES FORD ROAD  
#350  
City-State-Zip: WAYNE PA 19087

Title SENIOR VICE PRESIDENT  
Name GOLDSTEIN, MICHAEL  
Address 550 EAST SWEDES FORD ROAD  
#350  
City-State-Zip: WAYNE PA 19087

Title DIRECTOR  
Name THORBERRY, RICHARD G.  
Address 550 EAST SWEDES FORD ROAD  
#350  
City-State-Zip: WAYNE PA 19087

Title DIRECTOR  
Name QUIGLEY, ROBERT J.  
Address 550 EAST SWEDES FORD ROAD  
#350  
City-State-Zip: WAYNE PA 19087

Title DIRECTOR  
Name DICKERSON, MARY L.  
Address 550 EAST SWEDES FORD ROAD  
#350  
City-State-Zip: WAYNE PA 19087

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL GOLDSTEIN

SENIOR VICE PRESIDENT 10/05/2022

Electronic Signature of Signing Officer/Director Detail

Date