

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000004110

**Entity Name:** RADIAN TITLE INSURANCE INC.

**Current Principal Place of Business:**

6100 OAK TREE BOULEVARD  
#200  
INDEPENDENCE, OH 44131

**Current Mailing Address:**

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

**FEI Number:** 34-1252928

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

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

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

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

Title DIRECTOR, CFO  
Name PANDIT, SUMITA  
Address 6100 OAK TREE BOULEVARD  
#200  
City-State-Zip: INDEPENDENCE OH 44131

**Continues on page 2**

*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:** ERIC RAY

**PRESIDENT**

**04/04/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

