2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#839735

Entity Name: AMERIN GUARANTY CORPORATION

FILED Apr 24, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	KET STREET PHIA, PA 19103	US			
Current Mailing Address:			New Mailing Address:		
	KET STREET PHIA, PA 19103	US			
FEI Number:	23-1922977	FEI Number Applied For()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
KARLEN, S 1419 HOLL VALRICO,	EMAN DRIVE				
The above in the State		omits this statement for the pu	rpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic	Signature of Registered Ager	nt	Date	
Election Can	npaign Financing T	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () De APPLEGATE, DAV 1046 N KIMBLES I YARDLEY, PA 190	ID ROAD	Title: Name: Address: City-St-Zip:	P (X) Change () Addition BRYCE, TERESA 731 S. HICKS STREET PHILADELPHIA, PA 19146	
Title: Name: Address: City-St-Zip:	CFOE () De QUINT, C. ROBER 15 PIKES WAY CHELTENHAM, PA	Т	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S () De HUNTER, TIMOTH 1009 ANNIN ST PHILADELPHIA, P	Y	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T () De LATIMER, TERRY 909 PINEVIEW DR WEST CHESTER,	RIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () De RADICIONI, ROBE 3033 ARROW HEA PLYMOUTH MTS,	RT AD LANE	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT RADICIONI V 04/24/2009