

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90116 048 \*\*\*150.00

**DOCUMENT # P14949**

1. Entity Name  
**RADIAN REINSURANCE INC.**




Principal Place of Business  
**335 MADISON AVE 25TH FLOOR  
NEW YORK NY 10017-1605**

Mailing Address  
**335 MADISON AVE 25TH FLOOR  
NEW YORK NY 10017-1605**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **13-3371658** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VSD</b> <b>BEIDLER, DAVID J</b> <b>335 MADISON AVENUE - 25TH FLOOR</b> <b>NEW YORK NY 10017</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Please see attached list.</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>MOORE, JANET P</b> <b>335 MADISON AVENUE -25TH FLOOR</b> <b>NEW YORK NY 10017</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **SIGNATURE REC'D** **4/11/03** **212-984-9283**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

attachment # P14949

RADIAN REINSURANCE INC.  
OFFICERS AND DIRECTORS  
AS OF APRIL 8, 2003

10072253

2003 FLORIDA UNIFORM BUSINESS REPORT

V/S/D

Beidler, David J.  
Radian Reinsurance Inc.  
335 Madison Avenue - 25th Floor  
New York, NY 10017-4605

V/D

Bigelow, David S., IV  
Radian Reinsurance Inc.  
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V/D

Bowers, Edward M.  
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V/D

Campbell, Sally  
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V/D

DeLuca, John C.  
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V/D

Derman, Bret S.  
Radian Reinsurance Inc.  
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V/D

Dorland, Bonita Z.  
Radian Reinsurance Inc.  
335 Madison Avenue - 25th Floor  
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CEO/D

Filipps, Frank P.  
Radian Group Inc.  
1601 Market Street  
Philadelphia, PA 19103-2337

P/D

Kamarck, Martin A.  
Radian Reinsurance Inc.  
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V

Moore, Janet P.  
Radian Reinsurance Inc.  
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T

Latimer, Terry  
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V

Radicioni, Robert  
Radian Group Inc.  
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V/D

Quint, C. Robert  
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V/D

Russell, William M.  
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V/D

Rossi, Patrick Jr.  
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V/D

Yaruss, Howard  
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V/D

Salton, Jeffrey C.  
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