


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2007 8:00 am**  
**Secretary of State**

01-30-2007 90007 031 \*\*\*150.00

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # P35280</b><br>1. Entity Name<br><b>RADIAN ASSET ASSURANCE INC.</b>   |  |  |   |    |  |
| Principal Place of Business<br><b>335 MADISON AVE.<br/>25TH FLOOR<br/>NEW YORK, NY 10017-4605</b>  |  |  | Mailing Address<br><b>335 MADISON AVE.<br/>25TH FLOOR<br/>NEW YORK, NY 10017-4605</b>                               |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  |  | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.  |  |  | Suite, Apt. #, etc.   |   |  |
| City & State   |  |  | City & State  |   |  |
| Zip  |  | Country                                    |   | 4. FEI Number<br><b>22-2712977</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75 Additional Fee Required</b>      |   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CHIEF FINANCIAL OFFICER<br/>P O BOX 6200 (32314-6200)<br/>200 E. GAINES ST<br/>TALLAHASSEE, FL 32399-0000</b>  |  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>BEIDLER, DAVID J<br>335 MADISON AVENUE - 25TH FLOOR<br>NEW YORK, NY 10017      | <input type="checkbox"/> Delete            |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>MOORE, JANET P<br>335 MADISON AVENUE - 25TH FLOOR<br>NEW YORK, NY 100174605     | <input type="checkbox"/> Delete            |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>DELUCA, JOHN C<br>335 MADISON AVENUE - 25TH FLOOR<br>NEW YORK, NY 100174605    | <input type="checkbox"/> Delete            |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VSD<br>DERMAN, BRET S<br>335 MADISON AVENUE - 25TH FLOOR<br>NEW YORK, NY 100174605   | <input type="checkbox"/> Delete            |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>DORLAND, BONITA Z<br>335 MADISON AVENUE - 25TH FLOOR<br>NEW YORK, NY 100174605 | <input checked="" type="checkbox"/> Delete |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>CASALE, MARK<br>1601 MARKET STREET<br>PHILADELPHIA, PA 191032337                | <input type="checkbox"/> Delete            |   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |  |  | SEE ATTACHED LIST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                      |   |  |
| SEE ATTACHED LIST <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  | SEE ATTACHED LIST <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |   |  |
| SEE ATTACHED LIST <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  | SEE ATTACHED LIST <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |   |  |
| SEE ATTACHED LIST <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  | SEE ATTACHED LIST <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |   |  |
| <b>SIGNATURE: <u>Janet P. Moore</u> 1/18/2007 (212) 984-9283</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>   |  |  |   |   |  |

**ATTACHMENT**  
Radian Asset Assurance Inc.  
OFFICERS AND DIRECTORS  
AS OF January 18, 2007

40006320  
#P35280

2007 FLORIDA UNIFORM BUSINESS REPORT

V/D  
Beidler, David J.  
Radian Asset Assurance Inc.  
335 Madison Avenue - 25th Floor  
New York, NY 10017-4605

V  
Cohen, Betty  
Radian Asset Assurance Inc.  
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V  
Cubbin, Edward  
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V/D  
DeLuca, John C.  
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V/D  
Ginsburg, Ari  
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CEO  
Ibrahim, Sanford A.  
Radian Group Inc.  
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Philadelphia, PA 19103-2337

V  
Laudon, Anna  
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V/D  
Praschnik, Jack  
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V  
Radicioni, Robert  
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V/D  
Brummer, Derek  
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P/D  
Cooke, Stephen D.  
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V  
Danna, Peter  
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V/S/D  
Derman, Bret S.  
Radian Asset Assurance Inc.  
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V/D  
Hammett, Suzanne  
Radian Asset Assurance Inc.  
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V/T  
Latimer, Terry  
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V/D  
Moore, Janet P.  
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V/D  
Quint, C. Robert  
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V/D  
Rizzo, Paul  
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40006320  
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V

Rockwell, David  
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V/D

Rossi, Patrick Jr.  
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V/D

Russell, William M.  
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