2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006
Secretary of State

DOCUMENT# 827221

Entity Name: AMBAC ASSURANCE CORPORATION

Current Principal Place of Business:

ONE STATE STREET PLAZA
NEW YORK, NY 10004

New Principal Place of Business:

Current Mailing Address:

ONE STATE STREET PLAZA
ATTN: MELISSA VELIE
NEW YORK, NY 10004 US

New Mailing Address:

FEI Number: 39-1135174 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: LASSITER, PHILLIP B
Address: ONE STATE STREET PLAZA
City-St-Zip: NEW YORK, NY 10004

Title: PD ( ) Delete
Name: GENADER, ROBERT J
Address: ONE STATE STREET PLAZA
City-St-Zip: NEW YORK, NY 10004

Title: T ( ) Delete
Name: STARR, ROBERT
Address: ONE STATE STREET PLAZA
City-St-Zip: NEW YORK, NY 10004

Title: D ( ) Delete
Name: CONSIDINE, JILL M
Address: ONE STATE STREET PLAZA
City-St-Zip: NEW YORK, NY 10004

Title: D ( ) Delete
Name: UNGER, LAURA S
Address: ONE STATE STREET PLAZA., 17TH FLOOR
City-St-Zip: NEW YORK, NY 10004

Title: M ( ) Delete
Name: BIENSTOCK, GREGG L
Address: ONE STATE STREET PLAZA, 15TH FL
City-St-Zip: NEW YORK, NY 10004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MELISSA L. VELIE AVP 01/18/2006

Electronic Signature of Signing Officer or Director — Date