

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **837194** (0)

1. Corporation Name
MBIA INSURANCE CORPORATION



Principal Place of Business: **113 KING STREET ARMONK, NY. 10504**
Mailing Address: **113 KING STREET ARMONK, NY. 10504**

2. Principal Place of Business
21 State, Apt., Etc.
22 City & State
23 Zip
24 Country
25 Country
26 State, Apt., Etc.
27 City & State
28 Zip
29 Country
30 Country

3. Date Incorporated or Qualified: **10/14/1976**
3a. Date of Last Report: **01/30/1995**
4. FEI Number: **43-0899449**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.09(2) and 607.09(3) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.09(3), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

1101	GCS	<input type="checkbox"/> DELETE
1102	LENZI, LOLUS G	
1103	531 MAIN ST., APT 1318	
1104	ROOSEVELT ISLAND NY	
1105	C	<input type="checkbox"/> DELETE
1106	ELLIOTT, DAVID H	
1107	29 PINE HILL DRIVE	
1108	S. SALEM NY	
1109	P	<input type="checkbox"/> DELETE
1110	WEILL, RICHARD L	
1111	24 BRETTON RIDGE RD	
1112	MT KISCO NY	
1113	EVP	<input checked="" type="checkbox"/> DELETE
1114	GODFREY, ROBERT R.	
1115	803 SILVERMINE ROAD	
1116	NEW CANAAN CT	
1117	SVP	<input type="checkbox"/> DELETE
1118	TEHRANI, JULLIETTE S.	
1119	310 OCEAN DRIVE EAST	
1120	STAMFORD CT	
1121		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1101		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1102		
1103		
1104		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1105		
1106		
1107		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1108		
1109		
1110		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1111		
1112		
1113		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1114		
1115		
1116		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1117		
1118		
1119		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1120		
1121		

Mailing James E.
91 Four Winds Lane
New Canaan, CT 06840
SVP & CFO

VP & Treasurer
Tilley, Christopher W
56 Moose Hill Rd
Liscomb CT 06611

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 of this filing, or on an attached form with an address.

SIGNATURE: Louis G. Lenzi 1-22-96 914-765-3912

CR2E034 (12/95)