

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Feb 05 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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. 10504-1611**

3. Date Incorporated or Qualified **10/14/1976** 3a. Date of Last Report **02/07/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 43-0699449		Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STATE INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32304				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	GCS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENZI, LOUIS G	1.2 NAME	
STREET ADDRESS	531 MAIN ST., APT 1318	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROOSEVELT ISLAND NY	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, DAVID H	2.2 NAME	
STREET ADDRESS	29 PINE HILL DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	S. SALEM NY	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEILL, RICHARD L	3.2 NAME	
STREET ADDRESS	24 BRETTON RIDGE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MT KISCO NY	3.4 CITY-ST-ZIP	
TITLE	EVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLING, JAMES E	4.2 NAME	
STREET ADDRESS	91 FOUR WINDS LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW CANAAN CT	4.4 CITY-ST-ZIP	
TITLE	SVP	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEHRANI, JULIETTE S.	5.2 NAME	Executive Vice President
STREET ADDRESS	310 OCEAN DRIVE EAST	5.3 STREET ADDRESS	1 Treasurer
CITY-ST-ZIP	STAMFORD CT	5.4 CITY-ST-ZIP	
TITLE	VT	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TILLEY, CHRISTOPHER W	6.2 NAME	Executive Vice President
STREET ADDRESS	58 MOOSE HELL RD	6.3 STREET ADDRESS	Neil G. Budnick
CITY-ST-ZIP	TRUMBULL CT	6.4 CITY-ST-ZIP	35 Harvest Hill Lane Stamford CT 06905

14. I do 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 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 if changed, or in an attachment with an address.

SIGNATURE: _____ DATE: **1-28-97** DAYTIME PHONE #: **914-765-3912**

CR2E034 (9/96)