

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

**FILED**  
**Mar 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 837194 (0)**

1. Corporation Name  
**MBIA INSURANCE CORPORATION**

Principal Place of Business <b>113 KING STREET                  ARMONK, NY. 10504</b>	Mailing Address <b>113 KING STREET                  ARMONK, NY. 10504</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip 30 Country		3. Date Incorporated or Qualified <b>10/14/1976</b>	
		4. FEI Number <b>43-0899449</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	<b>GCS</b>	<input type="checkbox"/> DELETE
NAME	<b>LENZI, LOLUS G</b>	
STREET ADDRESS	<b>531 MAIN ST., APT 1318</b>	
CITY-ST-ZIP	<b>ROOSEVELT ISLAND NY</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>ELLIOTT, DAVID H</b>	
STREET ADDRESS	<b>29 PINE HILL DRIVE</b>	
CITY-ST-ZIP	<b>S. SALEM NY</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>WEILL, RICHARD L</b>	
STREET ADDRESS	<b>24 BRETTON RIDGE RD</b>	
CITY-ST-ZIP	<b>MT KISCO NY</b>	
TITLE	<b>EVP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MALLING, JAMES E</b>	
STREET ADDRESS	<b>91 FOUR WINDS LANE</b>	
CITY-ST-ZIP	<b>NEW CANAAN CT</b>	
TITLE	<b>EPT</b>	<input type="checkbox"/> DELETE
NAME	<b>TEHRANI, JULIETTE S.</b>	
STREET ADDRESS	<b>310 OCEAN DRIVE EAST</b>	
CITY-ST-ZIP	<b>STAMFORD CT</b>	
TITLE	<b>EVP</b>	<input type="checkbox"/> DELETE
NAME	<b>BUDNICK, NEIL G.</b>	
STREET ADDRESS	<b>35 HARVEST HILL LANE</b>	
CITY-ST-ZIP	<b>STAMFORD CT</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. 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 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 on an attachment with an address.

SIGNATURE: 

CR2E034 (10/97)