


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # 837194 1. Entity Name MBIA INSURANCE CORPORATION	
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Principal Place of Business 113 KING STREET ARMONK, NY 10504	Mailing Address 113 KING STREET ARMONK, NY 10504
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**DO NOT WRITE IN THIS SPACE**



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 43-0899449	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MDGC WERTHEIM, RAM D 113 KING STREET ARMONK, NY 10504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BROWN, JOSEPH W 113 KING ST ARMONK, NY 10504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DUNTON, GARY C 113 KING ST ARMONK, NY 10504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MDT SEVELY, JOSEPH L 113 KING ST ARMONK, NY 10504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUDNICK, NEIL G. 113 KING STREET ARMONK, NY 10504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VZ EDELMANN, BARBARA B 113 KING STREET ARMONK, NY 10504

U00000381700  
01/11/06-80065-010 150.00

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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.

SIGNATURE: Barbara Edelmann 1-5-06 84-265-3912  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #