

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837194

FILED
Jan 05, 2012
Secretary of State

Entity Name: MBIA INSURANCE CORPORATION

Current Principal Place of Business:

113 KING STREET
ARMONK, NY 10504

New Principal Place of Business:

Current Mailing Address:

113 KING STREET
LEGAL DEPARTMENT, 2ND FLOOR
ARMONK, NY 10504

New Mailing Address:

FEI Number: 43-0899449 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

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

OFFICERS AND DIRECTORS:

Title: GCAS
Name: WERTHEIM, RAM D
Address: 113 KING STREET
City-St-Zip: ARMONK, NY 10504

Title: CFO
Name: CHAPLIN, EDWARD C
Address: 113 KING ST
City-St-Zip: ARMONK, NY 10504

Title: TCIO
Name: PASTORE, FRED C
Address: 113 KING ST
City-St-Zip: ARMONK, NY 10504

Title: SECY
Name: MAKODE, GAIL D
Address: 113 KING STREET
City-St-Zip: ARMONK, NY 10504

Title: PCOO
Name: FALLON, WILLIAM C
Address: 113 KING STREET
City-St-Zip: ARMONK, NY 10504

Title: MD
Name: MCKIERNAN, ANTHONY
Address: 113 KING STREET
City-St-Zip: ARMONK, NY 10504

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH BEATTIE

AVP

01/05/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date