

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90084 001 ***150.00



DOCUMENT # 837194

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **43-0899449**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **MDGC WERTHEIM, RAM D**
STREET ADDRESS **TWO CATAMOUNT ROAD**
CITY-ST-ZIP **WESTPORT CT 06880**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **CCEO BROWN, JOSEPH W JR**
STREET ADDRESS **113 KING ST**
CITY-ST-ZIP **ARMONK NY 10504**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **PCOO DUNTON, GARY C**
STREET ADDRESS **113 KING ST**
CITY-ST-ZIP **ARMONK NY 10504**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MDT SEVELY, JOSEPH L**
STREET ADDRESS **113 KING ST**
CITY-ST-ZIP **ARMONK NY 10504**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VCCF BUDNICK, NEIL G.**
STREET ADDRESS **35 HARVEST HILL LANE**
CITY-ST-ZIP **STAMFORD CT**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VCS WEILL, RICHARD L**
STREET ADDRESS **24 BRETTON RIDGE RD**
CITY-ST-ZIP **RYE NY**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 employees.

SIGNATURE:

Richard Weill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Weill 1-10-03 (914) 765-3912
Date Daytime Phone #

CR2E034 (10/02)