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

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P15430** **(2)**

1. Corporation Name

~~FINANCIAL SECURITY ASSURANCE OF MARYLAND INC.~~ NC 12-26-97

NAME CHANGED TO: ACA Financial Guaranty Corporation

Principal Place of Business	Mailing Address
350 PARK AVE. NEW YORK NY 10022	350 PARK AVE. NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1987

2. Principal Place of Business	2a. Mailing Address
21 One Liberty Plaza, 52nd Fl	26 One Liberty Plaza
Suite, Apt #, etc 22 52nd Floor	Suite, Apt. #, etc. 27 52nd Floor
City & State 23 New York, NY	City & State 28 New York, NY
Zip / Country 24 10006 / 25 USA	Zip / Country 29 10006 / 30 USA

4. FEI Number: 52-1474358 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	MDC	XX DELETE	1.1 TITLE	MDC	XX Change ☐ Addition
NAME	JOSEPH, JEFFEY S		1.2 NAME	Harold Russell Fraser	
STREET ADDRESS	350 PARK AVE.		1.3 STREET ADDRESS	One Liberty Plaza, 52nd Floor	
CITY-ST-ZIP	NEW YORK NY 10022		1.4 CITY-ST-ZIP	New York, NY 10004	
TITLE	MD	XX DELETE	2.1 TITLE	MS	XX Change ☐ Addition
NAME	STERN, BRUCE E		2.2 NAME	Michael A. Freed	
STREET ADDRESS	350 PARK AVE.		2.3 STREET ADDRESS	One Liberty Plaza, 52nd Floor	
CITY-ST-ZIP	NEW YORK NY 10022		2.4 CITY-ST-ZIP	New York, NY 10006	
TITLE	DP	X DELETE	3.1 TITLE	MDT	XX Change ☐ Addition
NAME	COCHRAN, ROBERT P		3.2 NAME	Charles M. Partridge	
STREET ADDRESS	350 PARK AVE.		3.3 STREET ADDRESS	One Liberty Plaza, 52nd Floor	
CITY-ST-ZIP	NEW YORK NY 10022		3.4 CITY-ST-ZIP	New York, NY 10004	
TITLE	DCFO	XX DELETE	4.1 TITLE	MDP	XX Change ☐ Addition
NAME	HARRISON, JOHN A		4.2 NAME	Donald J. Matthews	
STREET ADDRESS	350 PARK AVE.		4.3 STREET ADDRESS	One Liberty Plaza, 52nd Floor	
CITY-ST-ZIP	NEW YORK NY 10022		4.4 CITY-ST-ZIP	New York, NY 10006	
TITLE	MDT	X DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LANGLEY, EDSEL C JR.		5.2 NAME		
STREET ADDRESS	350 PARK AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10022		5.4 CITY-ST-ZIP		
TITLE		X DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 _____ (area) 407-9823