

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P15430

1. Entity Name

ACA FINANCIAL GUARANTY CORPORATION

Principal Place of Business

140 BROADWAY 47TH FLOOR
NEW YORK NY 10005

Mailing Address

140 BROADWAY 47TH FLOOR
NEW YORK NY 10005

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

52-1474358

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

Name

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

City

300004619119-4
-10/01/01-01099-015
****550.0PL ****580.00

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$550.00

After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	MDC	☒ Delete
NAME	FRASER, HAROLD R	
STREET ADDRESS	ONE LIBERTY PLAZA 52ND FLOOR	
CITY-ST-ZIP	NEW YORK NY 10006	
TITLE	MS	☒ Delete
NAME	FREED, MICHAEL A	
STREET ADDRESS	ONE LIBERTY PLAZA 52ND FLOOR	
CITY-ST-ZIP	NEW YORK NY 10006	
TITLE	MDT	☒ Delete
NAME	PARTRIDGE, CHARLES M	
STREET ADDRESS	ONE LIBERTY PLAZA 52ND FLOOR	
CITY-ST-ZIP	NEW YORK NY 10006	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CHAIRMAN, PRESIDENT & CEO	☒ Change ☐ Addition
NAME	MICHAEL E SATZ	
STREET ADDRESS	140 BROADWAY	
CITY-ST-ZIP	NEW YORK, NY 10005	
TITLE	SECRETARY & GENERAL COUNSEL	☒ Change ☐ Addition
NAME	KATHLEEN G CULLY	
STREET ADDRESS	140 BROADWAY	
CITY-ST-ZIP	NEW YORK, NY 10005	
TITLE	VP, CFO & TREASURER	☒ Change ☐ Addition
NAME	EDWARD J GILPIN	
STREET ADDRESS	140 BROADWAY	
CITY-ST-ZIP	NEW YORK, NY 10005	
TITLE	CONTROLLER & DIRECTOR	☐ Change ☒ Addition
NAME	FABIO PIERONI	
STREET ADDRESS	140 BROADWAY	
CITY-ST-ZIP	NEW YORK, NY 10005	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 25 PM 4: 06



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)

SP