

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837194

FILED
Jan 25, 2013
Secretary of State
CC6124406827

Entity Name: MBIA INSURANCE CORPORATION

Current Principal Place of Business:

113 KING STREET
ARMONK, NY 10504

Current Mailing Address:

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

FEI Number: 43-0899449

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title GC, AVP, SECRETARY
Name WERTHEIM, RAM D
Address 113 KING STREET
City-State-Zip: ARMONK NY 10504

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

Title TREASURER, AVP, CHIEF INVESTMENT OFFICER
Name PASTORE, FRED C
Address 113 KING ST
City-State-Zip: ARMONK NY 10504

Title PRESIDENT, COO
Name FALLON, WILLIAM C
Address 113 KING STREET
City-State-Zip: ARMONK NY 10504

Title MD, CHIEF RISK OFFICER
Name MCKIERNAN, ANTHONY
Address 113 KING STREET
City-State-Zip: ARMONK NY 10504

Title DIRECTOR
Name BROWN, JOSEPH W.
Address 113 KING STREET
City-State-Zip: ARMONK NY 10504

Title DIRECTOR
Name DARE, JOHN
Address 113 KING STREET
City-State-Zip: ARMONK NY 10504

Title DIRECTOR
Name SAUNDERS, GARY
Address 113 KING STREET
City-State-Zip: ARMONK NY 10504

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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: RAM D. WERTHEIM

SECRETARY

01/25/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SCHACHINGER, JOSEPH R.
Address 113 KING STREET
City-State-Zip: ARMONK NY 10504