

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837194

FILED
Jan 28, 2022
Secretary of State
6820575380CC

Entity Name: MBIA INSURANCE CORPORATION

Current Principal Place of Business:

1 MANHATTANVILLE ROAD
SUITE 301
PURCHASE, NY 10577

Current Mailing Address:

1 MANHATTANVILLE ROAD
SUITE 301
PURCHASE, NY 10577 US

FEI Number: 43-0899449

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
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 MANAGING DIRECTOR, GENERAL
COUNSEL, SECRETARY AND
DIRECTOR
Name HARRIS, JONATHAN C.
Address 1 MANHATTANVILLE ROAD
SUITE 301
City-State-Zip: PURCHASE NY 10577

Title PRESIDENT, CRO AND DIRECTOR
Name AVITABILE, DANIEL MICHAEL
Address 1 MANHATTANVILLE ROAD
SUITE 301
City-State-Zip: PURCHASE NY 10577

Title CHAIRMAN, CHIEF FINANCIAL
OFFICER AND DIRECTOR
Name MCKIERNAN, ANTHONY
Address 1 MANHATTANVILLE ROAD
SUITE 301
City-State-Zip: PURCHASE NY 10577

Title DIRECTOR
Name SAUNDERS, GARY
Address 1 MANHATTANVILLE ROAD
SUITE 301
City-State-Zip: PURCHASE NY 10577

Title DIRECTOR
Name CALANDRA, KRISTIN M.
Address 1 MANHATTANVILLE ROAD
SUITE 301
City-State-Zip: PURCHASE NY 10577

Title DIRECTOR
Name DIAMOND, GREGORY R.
Address 1 MANHATTANVILLE ROAD
SUITE 301
City-State-Zip: PURCHASE NY 10577

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: GARY SAUNDERS

SECRETARY

01/28/2022

Electronic Signature of Signing Officer/Director Detail

Date