

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 837194

**FILED**  
**Jan 05, 2017**  
**Secretary of State**  
**CC7202251464**

**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 GC, AVP, SECRETARY  
Name WERTHEIM, RAM D  
Address 1 MANHATTANVILLE ROAD  
SUITE 301  
City-State-Zip: PURCHASE NY 10577

Title PRESIDENT, CFO AND DIRECTOR  
Name MCKIERNAN, ANTHONY  
Address 1 MANHATTANVILLE ROAD  
SUITE 301  
City-State-Zip: PURCHASE NY 10577

Title TREASURER, AVP, CHIEF  
INVESTMENT OFFICER & DIRECTOR  
Name NORTH, OLIVER E.W.  
Address 1 MANHATTANVILLE ROAD  
SUITE 301  
City-State-Zip: PURCHASE NY 10577

Title CHAIRMAN AND DIRECTOR  
Name BROWN, JOSEPH W.  
Address 1 MANHATTANVILLE ROAD  
SUITE 301  
City-State-Zip: PURCHASE NY 10577

Title DIRECTOR  
Name AVITABILE, DANIEL M.  
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 HARRIS, JONATHAN C.  
Address 1 MANHATTANVILLE ROAD  
SUITE 301  
City-State-Zip: PURCHASE NY 10577

Title DIRECTOR  
Name UPPULURI, SAI VENKATA  
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:** ANTHONY MCKIERNAN

**PRESIDENT, CFO &  
DIRECTOR**

**01/05/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date