

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 837194

**FILED**  
**Jan 13, 2014**  
**Secretary of State**  
**CC7792826070**

**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  
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 NORTH, OLIVER E.  
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 AVITABILE, DANIEL M.  
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**

**01/13/2014**

\_\_\_\_\_  
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