

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 827221 (3)

1. Corporation Name

AMBAC INDEMNITY CORPORATION

Principal Place of Business

1 STATE STREET PLAZA
NEW YORK NY 10004

Mailing Address

1 STATE STREET PLAZA
NEW YORK NY 10004



3. Date Incorporated or Qualified 12/22/1971
3a. Date of Last Report 02/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. One State Street Plaza	39-1135174	
22. City & State	27. ATTN: Kevin Dolan	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Zip	28. New York, New York	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Country	29. 10004	30. USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

REDAHL, MORRIS
8875 HIDDEN RIVER PKWY #300
TAMPA FL 33637

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. FL	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	V
NAME	LASSITER, PHILLIP B	12 NAME	Joseph V. Salzano
STREET ADDRESS	1 STATE ST. PLZ., 17TH FL.	13 STREET ADDRESS	One State Street Plaza
CITY - ST - ZIP	NEW YORK NY	14 CITY - ST - ZIP	New York, New York 10004
TITLE	DV	21 TITLE	D
NAME	GENADER, ROBERT J.	22 NAME	Michael A. Callen
STREET ADDRESS	1 STATE ST. PLAZA	23 STREET ADDRESS	King Abdulaziz St., Box 3555
CITY - ST - ZIP	NEW YORK NY	24 CITY - ST - ZIP	Jeddah, Saudi Arabia FN 21481
TITLE	T	31 TITLE	D
NAME	BIVONA, FRANK	32 NAME	Richard Dulude
STREET ADDRESS	1 STATE ST. PLAZA 17TH	33 STREET ADDRESS	507 Welch Road
CITY - ST - ZIP	NEW YORK NY	34 CITY - ST - ZIP	Corning, NY 14830
TITLE	D	41 TITLE	D
NAME	SCHREIHOFFER, JACK N.	42 NAME	W. Grant Gregory
STREET ADDRESS	4 GYBE HO	43 STREET ADDRESS	531 Lake Avenue
CITY - ST - ZIP	SALEM SC	44 CITY - ST - ZIP	Greenwich, CT 06830
TITLE	D	51 TITLE	D
NAME	O'NEIL, C RODERICK	52 NAME	Renso Leo Caporali
STREET ADDRESS	20 CHARTER OAK PLACE	53 STREET ADDRESS	48 Solomon Pierce Rd.
CITY - ST - ZIP	HARTFORD CT	54 CITY - ST - ZIP	Lexington, MA 02173
TITLE	S	61 TITLE	
NAME	COOKE, STEPHEN D.	62 NAME	
STREET ADDRESS	1 STATE ST. PLZ., 17TH FL.	63 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen D. Cooke

6/19/96

212-668-0340

CR2E034 (3/96)