

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katharine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90291 034 \*\*\*150.00

DOCUMENT # 827221

1. Corporation Name

AMBAC ASSURANCE CORPORATION

Principal Place of Business

Mailing Address

1 State Street Plaza  
New York, NY 10004

One State Street Plaza  
Attn: Kevin Dolan  
New York, NY 10004  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/22/1971

4. FEI Number

39-1135174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

N/A

9. Name and Address of Current Registered Agent

Florida Commissioner of Insurance  
Dept of Insurance, State Capitol  
Plaza Level Eleven  
Tallahassee, FL 32399 US

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	Lassiter, Phillip B	1 State St. Plz., 17th Fl.	New York, NY 10004	<input type="checkbox"/>
VD	Genader, Robert J	One State Street Plaza	New York, NY 10004	<input type="checkbox"/>
T	Bivona, Frank	1 State St. Plaza 17th	New York, NY	<input type="checkbox"/>
V	Salzano, Joseph	One State Street Plaza	New York, NY 10004	<input type="checkbox"/>
O'Neil, Roderick C		One State Street Plaza, 17th Floor	New York, NY 10004	<input type="checkbox"/>
S	Cooke, Stephen D	1 State St. Plz., 17th Fl.	New York, NY	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
V	Boyle, David L.	One State Street Plaza, 17th Fl	New York, NY 10004	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Callen, Michael	One State Street Plaza, 15th Fl	New York, NY 10004	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	Bivona, Frank	One State Street Plaza, 17th Fl.	New York, NY 10004	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Dulude, Richard	One State Street Plaza, 15th Fl.	New York, NY 10004	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Gregory, W. Grant	One State Street Plaza, 15th Fl.	New York, NY 10004	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Caporali, Renso Leo	One State Street Plaza, 15th Fl.	New York, NY 10004	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99

Date

(212) 208-3482

Daytime Phone #

CR2E034 (11/98)