

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 827221

1. Entity Name

AMBAC ASSURANCE CORPORATION

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90491 004 \*\*\*150.00

0441341

Principal Place of Business <b>ONE STATE STREET PLAZA NEW YORK NY 10004</b>	Mailing Address <b>ONE STATE STREET PLAZA ATTN: KEVIN DOLAN NEW YORK NY 10004 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>39-1135174</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>FLORIDA COMMISSIONER OF INSURANCE DEPT OF INSURANCE, STATE CAPITOL PLAZA LEVEL ELEVEN TALLAHASSEE FL 32399</b>	7. Name and Address of New Registered Agent - Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LASSITER, PHILLIP B 1 STATE ST.PLZ.,17TH FL. NEW YORK NY 10004</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD, Phillip B Lassiter, Phillip B One State Street Plaza New York, NY 10004</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD GENADER, ROBERT J ONE STATE STREET PLAZA NEW YORK NY 10004</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Genader, Robert J One State Street Plaza New York, NY 10004</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BIVONA, FRANK 1 STATE ST. PLAZA 17TH NEW YORK NY</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice C Bivona, Frank One State Street Plaza New York, NY 10004</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MD BIENSTOCK, GREGG L ONE STATE STREET PLAZA, 15TH FL. NEW YORK NY 10004</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Jill Marie Considine One State Street Plaza New York, NY 10004</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D O'NEIL, RODERICK C ONE STATE STREET PLAZA., 17TH FLOOR NEW YORK NY 10004</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Anne G. Gill One State Street Plaza New York, NY 10004</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S COOKE, STEPHEN D 1 STATE ST.PLZ.,17TH FL. NEW YORK NY</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Anne G. Gill*

Anne G. Gill

3/1/01

212-208-3355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)