

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90021 022 \*\*\*150.00

**DOCUMENT # 827221**

1. Entity Name

**AMBAC ASSURANCE CORPORATION**

Principal Place of Business

**ONE STATE STREET PLAZA  
 NEW YORK NY 10004**

Mailing Address

**ONE STATE STREET PLAZA  
 ATTN: KEVIN DOLAN  
 NEW YORK NY 10004  
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**Attn: Melissa Velie**

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**39-1135174**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**FLORIDA COMMISSIONER OF INSURANCE  
 DEPT OF INSURANCE, STATE CAPITOL  
 PLAZA LEVEL ELEVEN  
 TALLAHASSEE FL 32399**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	LASSITER, PHILLIP B	
STREET ADDRESS	ONE STATE STREET PLAZA	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GENADER, ROBERT J	
STREET ADDRESS	ONE STATE STREET PLAZA	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	VC	<input type="checkbox"/> Delete
NAME	BIVONA, FRANK	
STREET ADDRESS	ONE STATE STREET PLAZA	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONSIDINE, JILL M	
STREET ADDRESS	ONE STATE STREET PLAZA	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'NEIL, RODERICK C	
STREET ADDRESS	ONE STATE STREET PLAZA, 17TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	MD	<input type="checkbox"/> Delete
NAME	BIENSTOCK, GREGG L	
STREET ADDRESS	ONE STATE STREET PLAZA, 15TH FL	
CITY-ST-ZIP	NEW YORK NY 10004	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

*Kevin J. Doyle*

Kevin J. Doyle

1/24/02

212-208-3283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)