

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

17 MAR 27 AM 9:35

DOCUMENT # 827221

1. Corporation Name

Ambac Assurance Corporation

100295631361
02/16/17--01005--003 **750.00

2. Principal Office Address - No P.O. Box #

One State Street Plaza

Suite, Apt. #, etc.

City & State

New York, New York

Zip

10004

Country

USA

3. Mailing Office Address

One State Street Plaza

Suite, Apt. #, etc.

City & State

New York, New York

Zip

10004

Country

USA

CR2E061 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/71

5. FEI Number

39-1135174

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

State of Florida, Chief Financial Officer

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

200 East Gaines Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32399

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	Claude LeBlanc Pres & CEO	One State Street Plaza	New York, N.Y. 10004
	David Trick CFO & Treasurer	One State Street Plaza	New York, N.Y. 10004
	Stephen M. Ksenak Senior M.D. & Gen'l Counsel	One State Street Plaza	New York, N.Y. 10004
	William J. White Corporate Secretary	One State Street Plaza	New York, N.Y. 10004

REINSTATEMENT

2007-2017

MAR 27 2017

M. WILLIAMS

10. E-mail Address: bzungu@ambac.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/17

Date

212-208-3128

Daytime Phone #