

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 11:29

DOCUMENT # 837194 (0)

1. Corporation Name

MUNICIPAL BOND INVESTORS ASSURANCE CORPORATION

Principal Place of Business

113 KING STREET
ARMONK, NY. 10504

Mailing Address

113 KING STREET
ARMONK, NY. 10504

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/14/1976

3a. Date of Last Report

02/17/1994

4. FEI Number

43-0899449

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ a ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	GCS
NAME	LENZI, LOLUS G
STREET ADDRESS	531 MAIN ST., APT 1318
CITY - ST - ZIP	ROOSEVELT ISLAND NY
TITLE	CPC
NAME	ELLIOTT, DAVID H
STREET ADDRESS	29 PINE HILL DRIVE
CITY - ST - ZIP	S. SALEM NY
TITLE	EVP
NAME	WEILL, RICHARD L
STREET ADDRESS	24 BRETTON RIDGE RD
CITY - ST - ZIP	MT KISCO NY
TITLE	EVP
NAME	GODFREY, ROBERT R.
STREET ADDRESS	803 SILVERMINE ROAD
CITY - ST - ZIP	NEW CANAAN CT
TITLE	SVP
NAME	TEHRANI, JULIETTE S.
STREET ADDRESS	310 OCEAN DRIVE EAST
CITY - ST - ZIP	STAMFORD CT
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	Change ☐ Addition ☐
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	C + CEO ☐ Change ☐ Addition ☐
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	P ☒ Change ☐ Addition ☐
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition ☐
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition ☐
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition ☐
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(N), 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.

SIGNATURE: LOUIS G. LENZI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Month/Year)