

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -2 PM 2:03

DOCUMENT # 839784 (6)

1. Corporation Name

MBIA INSURANCE CORP. OF ILLINOIS

Principal Place of Business

113 KING ST.  
ARMONK NY 10504

Mailing Address

113 KING ST.  
ARMONK NY 10504

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/30/1977  
3a. Date of Last Report 02/10/1994

2. Principal Place of Business

21

2a. Mailing Address

25

same

4. FEI Number  
37-6025608

Applied For  
Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State

23

City & State

26

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip

Country

24

25

Zip

Country

29

30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No N/A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32304

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

TITLE	D
NAME	BAILEY, WILLIAM O.
STREET ADDRESS	113 KING ST.
CITY - ST - ZIP	ARMONK NY
TITLE	CP
NAME	ELLIOTT, DAVID H.
STREET ADDRESS	113 KING ST.
CITY - ST - ZIP	ARMONK NY
TITLE	EVAS
NAME	WEILL, RICHARD L.
STREET ADDRESS	113 KING ST.
CITY - ST - ZIP	ARMONK NY
TITLE	V
NAME	GODFREY, ROBERT R.
STREET ADDRESS	113 KING ST.
CITY - ST - ZIP	ARMONK NY
TITLE	VTD
NAME	WARREN, ARLTHUR M.
STREET ADDRESS	113 KING ST.
CITY - ST - ZIP	ARMONK NY
TITLE	GCS
NAME	LENZI, LOUIS G
STREET ADDRESS	113 KING ST
CITY - ST - ZIP	ARMONK NY

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	resigned
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Director, General Counsel +
6.3 STREET ADDRESS	Secretary
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 110.07(3)(a), 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 applicable, or on an attachment with an address.

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS G. LENZI, Secretary, General Counsel + Secretary

2-16-95 914/765-3920