

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 839784 (6)

1. Corporation Name

MBIA INSURANCE CORP. OF ILLINOIS



Principal Place of Business

Mailing Address

113 KING ST.  
ARMONK NY 10504

113 KING ST.  
ARMONK NY 10504

3. Date Incorporated or Qualified  
12/30/1977

3a. Date of Last Report  
02/02/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

37-6025608

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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

TITLE CP ☐ DELETE  
NAME ELLIOTT, DAVID H.  
STREET ADDRESS 113 KING ST.  
CITY-STATE-ZIP ARMONK NY

TITLE EVAS ☐ DELETE  
NAME WEILL, RICHARD L.  
STREET ADDRESS 113 KING ST.  
CITY-STATE-ZIP ARMONK NY

TITLE V ☒ DELETE  
NAME GODFREY, ROBERT R.  
STREET ADDRESS 113 KING ST.  
CITY-STATE-ZIP ARMONK NY

TITLE VTD ☒ DELETE  
NAME WARREN, ARTHUR M.  
STREET ADDRESS 113 KING ST.  
CITY-STATE-ZIP ARMONK NY

TITLE DGCS ☐ DELETE  
NAME LENZI, LOUIS G  
STREET ADDRESS 113 KING ST  
CITY-STATE-ZIP ARMONK NY

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

First V.P. & Treas.  
Tilley, Christopher  
56 Moose Hill Rd  
Trembull Ct 06611

Sr. VP + CFO  
Tehrani, Gulnarg S  
310 Ocean Drive  
Stamford CT 06902

VP + Controller  
Elizabeth B. Sullivan  
RR 1 Box 26 E. Branch Rd  
Batherson NY 12563

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis G. Lenzi

1-22-96

914-765-3912

CR2E034 (12/95)