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Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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: 113 KING ST. ARMONK NY 10504
Mailing Address: 113 KING ST. ARMONK NY 10504-1611

3. Date Incorporated or Qualified: 12/30/1977
3a. Date of Last Report: 01/30/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City & State, Zip, and Country.

4. FEI Number: 37-6025608
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: INSURANCE COMMISSIONER, CAPITOL BUILDING, TALLAHASSEE FL 32304
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code (FL).

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, DAVID H.	1.2 NAME	
STREET ADDRESS	113 KING ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARMONK NY	1.4 CITY-ST-ZIP	
TITLE	EVAS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEILL, RICHARD L.	2.2 NAME	
STREET ADDRESS	113 KING ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARMONK NY	2.4 CITY-ST-ZIP	
TITLE	VPT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALLEY, CHRISTOPHER	3.2 NAME	
STREET ADDRESS	56 MOOSE HILL ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TRUMBULL CT	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEHRANI, JULIETTE S.	4.2 NAME	Executive VP, Chief Financial Officer and Treasurer
STREET ADDRESS	310 OCEAN DRIVE EAST	4.3 STREET ADDRESS	
CITY-ST-ZIP	STANFORD CT	4.4 CITY-ST-ZIP	
TITLE	DGCS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENZI, LOUIS G	5.2 NAME	
STREET ADDRESS	113 KING ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	ARMONK NY	5.4 CITY-ST-ZIP	
TITLE	VPC	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, ELIZABETH B.	6.2 NAME	
STREET ADDRESS	RR1 BOX 26 EAST BRANCH ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PATTERSON NY	6.4 CITY-ST-ZIP	

14. I do 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 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: _____ DATE: 2-3-97 DAYTIME PHONE #: 914-765-3912

CR2E034 (9/96)