


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/30/1977	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 37-6025608	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
		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 \_\_\_\_\_ (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	
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	
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	EVPT	3.1 TITLE	
NAME	TEHRANI, JULIETTE S.	3.2 NAME	
STREET ADDRESS	310 OCEAN DRIVE EAST	3.3 STREET ADDRESS	
CITY-ST-ZIP	STANFORD CT	3.4 CITY-ST-ZIP	
TITLE	DGCS	4.1 TITLE	
NAME	LENZ, LOUIS G	4.2 NAME	
STREET ADDRESS	113 KING ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	ARMONK NY	4.4 CITY-ST-ZIP	
TITLE	VPC	5.1 TITLE	
NAME	SULLIVAN, ELIZABETH B.	5.2 NAME	
STREET ADDRESS	RR1 BOX 26 EAST BRANCH ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PATTERSON NY	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: \_\_\_\_\_

3-11-98

914-765-3912

CR2E034 (10/97)