

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90040 023 ***150.00

DOCUMENT # 839784

1. Entity Name

MBIA INSURANCE CORP. OF ILLINOIS

Principal Place of Business

Mailing Address

**KING ST.
 NY 10504**

**113 KING ST.
 ARMONK NY 10504-1611**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

37-6025608

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 CAPITOL BUILDING
 TALLAHASSEE FL 32304**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input checked="" type="checkbox"/> Delete
NAME	ELLIOTT, DAVID H.	
STREET ADDRESS	113 KING ST.	
CITY-ST-ZIP	ARMONK NY	
TITLE	EVAS	<input type="checkbox"/> Delete
NAME	WEILL, RICHARD L.	
STREET ADDRESS	113 KING ST.	
CITY-ST-ZIP	ARMONK NY	
TITLE	EVPT	<input checked="" type="checkbox"/> Delete
NAME	TEHRANI, JULLIETTE S.	
STREET ADDRESS	310 OCEAN DRIVE EAST	
CITY-ST-ZIP	STANFORD CT	
TITLE	DGCS	<input type="checkbox"/> Delete
NAME	LENZI, LOUIS G	
STREET ADDRESS	113 KING ST	
CITY-ST-ZIP	ARMONK NY	
TITLE	VPC	<input type="checkbox"/> Delete
NAME	SULLIVAN, ELIZABETH B.	
STREET ADDRESS	RR1 BOX 26 EAST BRANCH ROAD	
CITY-ST-ZIP	PATTERSON NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chairman, President & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chief Financial Officer & Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neil G. Budnick	
STREET ADDRESS	113 King Street, Armonk, NY 10504	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

1-31-00

Date

914-765-3912

Daytime Phone #

Louis G. Lenzi

CR2E034 (9/99)