

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90043 027 \*\*\*150.00

FILED  
 JAN 28 2002  
 SECRETARY OF STATE

**DOCUMENT # 839784**  
 1. Entity Name  
**MBIA INSURANCE CORP. OF ILLINOIS**

Principal Place of Business      Mailing Address  
**113 KING ST.**      **113 KING ST.**  
**ARMONK NY 10504**      **ARMONK NY 10504**

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	
<b>INSURANCE COMMISSIONER</b> <b>CAPITOL BUILDING</b> <b>TALLAHASSEE FL 32304</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>PCEO</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEILL, RICHARD L.</b>	NAME	
STREET ADDRESS	<b>113 KING ST.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ARMONK NY.</b>	CITY-ST-ZIP	
TITLE	<b>TCFO</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUDNICK, NEIL G.</b>	NAME	
STREET ADDRESS	<b>113 KING ST.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ARMONK NY 10504</b>	CITY-ST-ZIP	
TITLE	<b>GC</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WERTHEIM, RAM D</b>	NAME	
STREET ADDRESS	<b>113 KING STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ARMONK NY 10504</b>	CITY-ST-ZIP	
TITLE	<b>EVP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUNTON, GARY C</b>	NAME	
STREET ADDRESS	<b>113 KING ST.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ARMONK NY 10504</b>	CITY-ST-ZIP	
TITLE	<b>VPS</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDELMANN, BARBARA B</b>	NAME	
STREET ADDRESS	<b>113 KING STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ARMONK NY 10504</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** *Barbara B Edelmann*      **1-11-02**      **914-765-3912**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)