

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 839784

FILED  
Jan 05, 2004  
Secretary of State

Entity Name: MBIA INSURANCE CORP. OF ILLINOIS

**Current Principal Place of Business:**

113 KING ST.  
ARMONK, NY 10504

**New Principal Place of Business:**

**Current Mailing Address:**

113 KING ST.  
ARMONK, NY 10504

**New Mailing Address:**

FEI Number: 37-6025608      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: WEILL, RICHARD L.,  
Address: 113 KING ST.  
City-St-Zip: ARMONK, NY

Title: TCFO ( ) Delete  
Name: BUDNICK, NEIL G  
Address: 113 KING ST  
City-St-Zip: ARMONK, NY 10504

Title: GC ( ) Delete  
Name: WERTHEIM, RAM D  
Address: 113 KING STREET  
City-St-Zip: ARMONK, NY 10504

Title: DS ( ) Delete  
Name: DUNTON, GARY C  
Address: 113 KING ST.  
City-St-Zip: ARMONK, NY 10504

Title: VPS ( ) Delete  
Name: EDELMANN, BARBARA B  
Address: 113 KING STREET  
City-St-Zip: ARMONK, NY 10504

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PCEO (X) Change ( ) Addition  
Name: WEILL, RICHARD L.,  
Address: 113 KING ST.  
City-St-Zip: ARMONK, NY 10504

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA B. EDELMANN

VPS

01/05/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date