


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
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**

DO NOT WRITE IN THIS SPACE



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
37-6025608 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCEO BUDNICK, NEIL G 113 KING ST ARMONK, NY 10504 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | GCAS WERTHEIM, RAM D 113 KING STREET ARMONK, NY 10504 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MDAS DUNTON, GARY C 113 KING ST. ARMONK, NY 10504 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS EDELMANN, BARBARA B 113 KING STREET ARMONK, NY 10504 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MDTC HAMILTON, DOUGLAS 113 KING ST ARMONK, NY 10504 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 01/11/06-80065-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara B Edelmann 1-5-06 94-765-3912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #