

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90059 020 ***150.00

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1. Entity Name
MBIA INSURANCE CORP. OF ILLINOIS



Principal Place of Business

113 KING ST.
ARMONK, NY 10504

Mailing Address

113 KING ST.
ARMONK, NY 10504

40001807



01032007 No Chg-P CR2E034 (11/05)

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

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
EDELMAAN, 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

**DO NOT WRITE
IN THIS SPACE**

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 Edelmaan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #