

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 849969

1. Entity Name  
CIFG ASSURANCE NORTH AMERICA, INC.



FILED

08 SEP 22 PM 4:11

Principal Place of Business  
825 THIRD AVENUE  
6TH FLOOR  
NEW YORK, NY 10022

Mailing Address  
825 THIRD AVENUE  
6TH FLOOR  
NEW YORK, NY 10022

STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07282008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

75-1331566

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

SIGNATURE

Signature (typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME LAURENT ROLFO, JACQUES R  
STREET ADDRESS 825 3RD AVE 6TH FL  
CITY-ST-ZIP NEW YORK, NY 10022 ☒ Delete

TITLE DT  
NAME JOSEPH O'KEEFE, JAMES III  
STREET ADDRESS 825 3RD AVE 6TH FL  
CITY-ST-ZIP NEW YORK, NY 10022 ☐ Delete *8/9/22*

TITLE D  
NAME KLEIN, STEVEN NEIL  
STREET ADDRESS 825 3RD AVE 6TH FL  
CITY-ST-ZIP NEW YORK, NY 10022 ☒ Delete

TITLE D  
NAME BRECHARD, DE  
STREET ADDRESS 825 THIRD AVE 6TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10022 ☐ Delete

TITLE MDS  
NAME CULLY, KATHLEEN G  
STREET ADDRESS 825 THIRD AVE 6TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10022 ☒ Delete

TITLE D  
NAME WEBSTER, CHARLES E JR  
STREET ADDRESS 825 THIRD AVE 6TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10022 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME LORI ANN PITTA  
STREET ADDRESS 825 3RD AVE, 6TH FL  
CITY-ST-ZIP NEW YORK, NY 10022 ☐ Change ☒ Addition

TITLE DP  
NAME JOHN SALVATORE PIZZARELLI  
STREET ADDRESS 825 3RD AVE, 6TH FL  
CITY-ST-ZIP NEW YORK, NY 10022 ☐ Change ☒ Addition

TITLE S  
NAME JIN ZHAI  
STREET ADDRESS 825 3RD AVE, 6TH FL  
CITY-ST-ZIP NEW YORK, NY 10022 ☐ Change ☒ Addition

TITLE D  
NAME DAVID ALLEN ROCKWELL  
STREET ADDRESS 825 3RD AVE, 6TH FL  
CITY-ST-ZIP NEW YORK, NY 10022 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500136264815  
09/23/08-01047-005 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/22

712 901 3930