## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000006759

Entity Name: MONITOR SURETY MANAGERS, INC.

FILED Mar 10, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	MBIA TURNF 1 PARK, NJ 0				
Current Mailing Address:			New Mailing Address:		
	MBIA TURNE 1 PARK, NJ 0				
FEI Number	: 22-3376348	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
		D E BLDG 100 STE 400 246 US			
The above in the State	named entity of Florida.	submits this statement for the pu	urpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	nt	Date	
Election Car	npaign Financir	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	C ( BERKLEY, WI 475 STEAMBO GREENWICH,	OAT ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( LEDERMAN, I 475 STEAMBO GREENWICH,	OAT ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP ( BASSI, ROGE 475 STEAMBO GREENWICH,	OAT ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	HAMBLEN, CH 1 ACADIA COI	) Delete IARLES MMONS PO BOX 9010 , ME 040985010	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CHARLES A. HAMBLEN VPTS 03/10/2006