

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P15430

1. Entity Name  
ACA FINANCIAL GUARANTY CORPORATION



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 DEC 17 AM 8:02

Principal Place of Business  
140 BROADWAY 47TH FLOOR  
NEW YORK, NY 10005

Mailing Address  
140 BROADWAY 47TH FLOOR  
NEW YORK, NY 10005

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12092008

REIN-P

CR2E098 (1/07)

4. FEI Number

52-1474358

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

## 7. Name and Address of New Registered Agent

Name Chief Financial Officer  
Street Address (P.O. Box Number is Not Acceptable)  
c/o Corporate Service Company  
1201 Hays Street  
City Tallahassee FL Zip Code 32301

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 January 1, 2009, Fee will be \$300.00

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

## 10. OFFICERS AND DIRECTORS

TITLE DP ☒ Delete  
NAME ROSEMAN, ALAN S  
STREET ADDRESS 140 BROADWAY 47TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10005

TITLE DT ☒ Delete  
NAME GILPIN, EDWARD U  
STREET ADDRESS 140 BROADWAY 47TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10005

TITLE M ☒ Delete  
NAME MUMFORD, LISA  
STREET ADDRESS 140 BROADWAY 47TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10005

TITLE S ☒ Delete  
NAME DAHLMAN, NORA J  
STREET ADDRESS 140 BROADWAY 47TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10005

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Chief Executive Officer ☐ Change ☒ Addition  
NAME Raymond J. Brooks, Jr.  
STREET ADDRESS 140 Broadway, 47th Floor  
CITY-ST-ZIP New York, NY 10005

TITLE Chief Financial Officer ☒ Change ☐ Addition  
NAME Lisa M. Mumford  
STREET ADDRESS 140 Broadway, 47th Floor  
CITY-ST-ZIP New York, NY 10005

TITLE General Counsel ☐ Change ☒ Addition  
NAME Steven J. Berkowitz  
STREET ADDRESS 140 Broadway, 47th Floor  
CITY-ST-ZIP New York, NY 10005

TITLE ☐ Change ☐ Addition  
NAME 500139104895  
STREET ADDRESS 12/17/08--01037--008 \*\*\*150.00  
CITY-ST-ZIP

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

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

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

Lisa Mumford, Chief Financial officer

Date

Daytime Phone #

12/16/08

212-375-2206

12/18/08