

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90051 014 \*\*\*150.00

0441927

**DOCUMENT # P35280**

1. Entity Name

**ASSET GUARANTY INSURANCE COMPANY**

**915538**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 335 MADISON AVE. 25TH FLOOR NEW YORK NY 10017-4605	Mailing Address 335 MADISON AVE. 25TH FLOOR NEW YORK NY 10017-4605
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>22-2712977</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
 THE CAPITOL BLDG.  
 TALLAHASSEE FL 32399-0300**

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VD BEIDLER, DAVID J 160 COLUMBIA HEIGHTS BROOKLYN NY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>SVD BERGMAN, SAMUEL 52 LISMORE ROAD LAWRENCE NY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>V BAKER, JAY K 8499 STULTS RD DALLAS TX 75243</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>V DERMAN, BRET S 210 CORBIN PL BROOKLYN NY 11235</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>VD DUNN, RICHARD J 7 QUAKER LN WEST HARRISON NY 10604</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>VD ETTINGER, TONY M 101 PAULDING DR CHAPPAQUA NY 10514</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>See attached list</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Samuel Bergman January 22, 2001 (212) 983-5859  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

ASSET GUARANTY INSURANCE COMPANY  
Officers and Directors  
as of December 31, 2000

Attachment  
915538  
#P35280

<u>NAME</u>	<u>TITLE</u>	<u>TERM BEGINNING</u>
Jay Keith Baker	Senior Vice President	09/23/99
David Joseph Beidler	Senior Vice President	02/11/93
Samuel Bergman	Executive Vice President/ Secretary/ Director	01/11/93
Sally Bennett Campbell	Senior Vice President	07/01/00
Bret Steven Derman	Senior Vice President	06/03/99
Bonita Zeese Dorland	Senior Vice President	12/08/99
Elaine Judith Eisenman	Executive Vice President/ Director	01/12/98
Erik Grong Ferguson	Senior Vice President	06/01/00
Jeffrey Alan Figurelli	Senior Vice President/ Treasurer	06/01/95
Daniel J Gross	Chief Executive Officer/ Chairman/Director	01/11/93
Brenton Wayne Harries	Director	05/24/99
Martin Alexander Kamarck	President/ Director	06/03/99
Constance Ann Lambert	Senior Vice President	09/23/99
Richard Paul Lutenski	Executive Vice President/ Chief Financial Officer/ Director	12/08/99
David Robert Markin	Director	05/24/99
Martin Nance	Senior Vice President	12/08/99
Anthony Michael Robustelli	Senior Vice President/ Controller	09/23/99
Patrick Rossi, Jr.	Senior Vice President	06/01/00
William Mark Russell	Senior Vice President	12/08/99
Jeffrey Carl Salton	Senior Vice President	06/12/00

**ASSET GUARANTY INSURANCE COMPANY**

Officers and Directors  
as of December 31, 2000

Attachment  
915538  
# P05280

<u>NAME</u>	<u>TITLE</u>	<u>TERM BEGINNING</u>
Wallace Osborne Sellers	Director	05/24/99
Richard John Shima	Director	05/24/99
Spencer Raymond Stuart	Director	05/24/99
Irene Vitti	Senior Vice President	01/01/99
Frieda Koslow Wallison	Director	05/24/99
Yoram Wind	Director	05/24/99