

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P36074

1. Entity Name
ASSURED GUARANTY CORP.



Principal Place of Business
**1325 AVE OF THE AMERICAS
18TH FLOOR
NEW YORK, NY 10019 US**

Mailing Address
**1325 AVE OF THE AMERICAS
18TH FLOOR
NEW YORK, NY 10019 US**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1533088

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 _____ (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**

**U000000595226
01/23/07-80031-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHOZER, MICHAEL J
STREET ADDRESS	1325 AVE. OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	CEOD
NAME	FREDERICO, DOMINIC
STREET ADDRESS	1325 AVENUE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	S
NAME	ZIMMERMAN, ELISABETH
STREET ADDRESS	1325 AVE. OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	TD
NAME	PASTON, DONALD H
STREET ADDRESS	1325 AVENUE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	CFOD
NAME	MILLS, ROBERT
STREET ADDRESS	1325 AVE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	GCD
NAME	MICHENER, JAMES M
STREET ADDRESS	1325 AVE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY 10019

**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: *Elisabeth Zimmerman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/07

Date

212-261-526

Daytime Phone #