

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 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**

DO NOT WRITE IN THIS SPACE



04022008 No Chg-P CR2E034 (11/05)

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 _____

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 May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

U000000899605

04/28/08-80045-024 150.00

10. OFFICERS AND DIRECTORS

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

4-4-2008

Date

212-974-0100

Daytime Phone #