2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36074

Entity Name: ASSURED GUARANTY CORP.

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1325 AVE OF THE AMERICAS 18TH FLOOR NEW YORK, NY 10019 **Current Mailing Address: New Mailing Address:** 1325 AVE OF THE AMERICAS 18TH FLOOR NEW YORK, NY 10019 FEI Number: 52-1533088 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: CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SCHOZER, MICHAEL J Name: Name: 1325 AVE. OF THE AMERICAS Address: Address: City-St-Zip: NEW YORK, NY 10019 City-St-Zip: Title: Title: () Delete () Change () Addition FREDERICO, DOMINIC Name: Name: 1325 AVENUE OF THE AMERICAS Address: Address: NEW YORK, NY 10019 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition ZIMMERMAN, ELISABETH FINDLAY, WILLIAM Name: Name: 1325 AVE. OF THE AMERICAS 1325 AVE. OF THE AMERICAS Address: Address: NEW YORK, NY 10019 City-St-Zip: NEW YORK, NY 10019 City-St-Zip: Title: () Delete Title: () Change () Addition PASTON, DONALD H Name: Name: Address: 1325 AVENUE OF THE AMERICAS Address: City-St-Zip: NEW YORK, NY 10019 City-St-Zip: Title: CFOD () Delete Title: () Change () Addition MILLS, ROBERT Name: Name: 1325 AVE OF THE AMERICAS Address: Address: City-St-Zip: NEW YORK, NY 10019 City-St-Zip: (X) Change () Addition Title: GCD () Delete Title: GCD Name: MICHENER, JAMES M Name: MICHENER, JAMES M 1325 AVE OF THE AMERICAS 1325 AVE OF THE AMERICAS Address: Address: City-St-Zip: NEW YORK, NY 10019 City-St-Zip: NEW YORK, NY 10019

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM FINDLAY D 04/16/2009