

P36074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

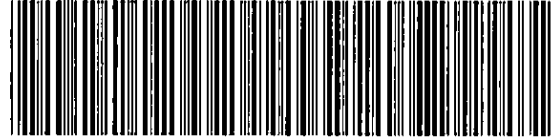
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 15, 2024

ASSURED GUARANTY CORP.  
GEORGETTE GREENFIELD  
1633 BROADWAY  
NEW YORK, NY 10019

SUBJECT: ASSURED GUARANTY INC.  
Ref. Number: W24000102695

We have received your document for ASSURED GUARANTY INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather  
Regulatory Specialist III

Letter Number: 124A00015358



July 18, 2024

Stacey Prapher  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street.  
Suite 810  
Tallahassee, FL 32303


Re: Assured Guaranty Inc. (Document# P36074; NAIC #30180; FEIN: 52-1533088)  
Amendments Application for Name Change  
UCAA Tracking Number: 200870-000

Ms. Prapher:

In connection with the above filing, enclosed is a copy of the Certificate of Status from the Maryland Department of Assessment and Taxation and a copy of the Certificate of Compliance from the Maryland Insurance Administration for Assured Guaranty Inc. (the "Company"), a Maryland-domiciled financial guaranty insurer.

If you have any questions in connection with the foregoing, please contact me at (212) 339-3497 or at [ggreenfield@agltd.com](mailto:ggreenfield@agltd.com).

Sincerely,

  
Georgette Greenfield

RECEIVED  
2024 JUL 19 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



June 11, 2024

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street,  
Suite 810  
Tallahassee, FL 32303

Re: Assured Guaranty Inc. (Document# P36074; NAIC #30180; FEIN: 52-1533088)  
Amendments Application for Name Change  
UCAA Tracking Number: 200870-000

On behalf of Assured Guaranty Inc. (the "Company"), a Maryland-domiciled financial guaranty insurer authorized to write business in all fifty states, we wish to notify you of the following:

Name Change (from "Assured Guaranty Corp." to "Assured Guaranty Inc.").

Enclosed please find:

- 1 a check in the amount of \$43.75 for the filing fee of \$35 and Certificate of Status fee of \$8.75
- 2 a copy of the Certified Bylaws and
- 3 State of Domicile Maryland Certificate of Authority.

If you have any questions in connection with the foregoing, please contact me at (212) 339-3497 or at [ggreenfield@aglid.com](mailto:ggreenfield@aglid.com).

Sincerely,

A handwritten signature in black ink that reads "Georgette Greenfield".

Georgette Greenfield

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** Assured Guaranty Corp.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** P36074

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Georgette Greenfield

\_\_\_\_\_  
Name of Contact Person

Assured Guaranty Inc.

\_\_\_\_\_  
Firm/Company

1633 Broadway

\_\_\_\_\_  
Address

New York, NY 10019

\_\_\_\_\_  
City/State and Zip Code

legalregulatory@agltd.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Georgette Greenfield at ( 212 ) 339-3497

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|---|---|

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

P36074

(Document number of corporation (if known))

1. Assured Guaranty Corp.

(Name of corporation as it appears on the records of the Department of State)

2. Maryland

(Incorporated under laws of)

10/25/1991

3.

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? May 24, 2024

5. Assured Guaranty Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

N/A

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

N/A

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: N/A

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Ling Chow

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35.00

2024 JUL 19 PM 4:15  
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

# **STATE OF MARYLAND**

## ***Department of Assessments and Taxation***

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I, DANIEL K. PHILLIPS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ASSURED GUARANTY INC. (D02021111), INCORPORATED OCTOBER 25, 1985, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JUNE 06, 2024.



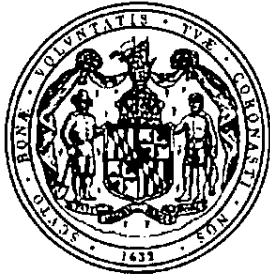
Daniel K. Phillips  
Director



700 East Pratt Street, 2nd Flr, Ste 2700, Baltimore, Maryland 21202  
Telephone Baltimore Metro (410) 767-1344 / Outside Baltimore Metro (888) 246-5941  
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: inRvNXparkaAbzLXoFNX5Q  
To verify the Authentication Code, visit <http://dat.maryland.gov/verify>





**Applicant Name: Assured Guaranty Inc.**

**NAIC No.: 30180  
FEIN: 52-1533088**

**Uniform Certificate of Authority (UCAA)  
Certificate of Compliance**

State of Maryland, Office of Commissioner, I Kathleen A. Birrane, hereby certify that I am the Commissioner of the State of Maryland and have supervision of insurance business in said State and as such I hereby certify that Assured Guaranty Inc. is duly organized under the laws of said State and is authorized to transact the business of Casualty and Surety insurance in this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand at Baltimore, Maryland on this 31<sup>st</sup> day of May, A.D. 2025.

(Insurance Commissioner of Maryland)

Kathleen A. Birrane

(Printed Name)