

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**195 MAR 17 AM 10:35**

**DOCUMENT # P15430 (2)**  
1. Corporation Name  
**CAPITAL GUARANTY INSURANCE COMPANY**

Principal Place of Business	Mailing Address
STEUART TOWER - 22ND FLOOR ONE MARKET PLAZA SAN FRANCISCO CA 94105-9413	STEUART TOWER - 22ND FLOOR ONE MARKET PLAZA SAN FRANCISCO CA 94105-8413

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		07/31/1987	03/16/1994
22		27		4. FEI Number	Applied For
City & State		City & State		52-1474358	Not Applicable
23		28		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24		29		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country		Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		30		9. Name and Address of Current Registered Agent	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FLORIDA INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32301		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DJORDJEVICH, MICHAEL	1.2 NAME	
STREET ADDRESS	ONE MARKET PLAZA	1.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO CA	1.4 CITY - ST - ZIP	
TITLE	SDV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERNEY, NANCY A	2.2 NAME	
STREET ADDRESS	ONE MARKET PLAZA	2.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO CA	2.4 CITY - ST - ZIP	
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEE, NANCY J.	3.2 NAME	
STREET ADDRESS	ONE MARKET PLAZA	3.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO CA	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLURE, STEPHEN S	4.2 NAME	
STREET ADDRESS	ONE MARKET PLAZA	4.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO CA	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSLER, ROBERT M	5.2 NAME	
STREET ADDRESS	ONE MARKET PLAZA	5.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO CA	5.4 CITY - ST - ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, GREGORY A	6.2 NAME	
STREET ADDRESS	ONE MARKET PLAZA	6.3 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO CA	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE: Nancy A. Cherney 03/03/95 (416) 995-8033  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
NANCY A. CHERNEY

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

CORPORATION ANNUAL REPORT 1995

CONTINUATION OF DOCUMENT # P15430

**#13: OFFICERS AND DIRECTORS**  
**THE FOLLOWING ARE ALL ADDITIONS:**

7.1 TITLE: V  
7.2 NAME: BOYLE, NICHOLAS M  
7.3 STREET ADDRESS: ONE MARKET  
7.4 CITY-ST-ZIP: SAN FRANCISCO CA 94105

8.1 TITLE: DV  
8.2 NAME: COOPER, MAURY M  
8.3 STREET ADDRESS: ONE MARKET  
8.4 CITY-ST-ZIP: SAN FRANCISCO CA 94105

9.1 TITLE: V  
9.2 NAME: DAVID, ROBERT J  
9.3 STREET ADDRESS: ONE MARKET  
9.4 CITY-ST-ZIP: SAN FRANCISCO CA 94105

10.1 TITLE: TDV  
10.1 NAME: DENNIS, ROBERT E  
10.3 STREET ADDRESS: ONE MARKET  
10.4 CITY-ST-ZIP: SAN FRANCISCO CA 94105

11.1 TITLE: D  
11.2 NAME: DICKEY, BOH A  
11.3 STREET ADDRESS: ONE MARKET  
11.4 CITY-ST-ZIP: SAN FRANCISCO CA 94105

12.1 TITLE: D  
12.2 NAME: KESLER, STEVEN D  
12.3 STREET ADDRESS: ONE MARKET  
12.4 CITY-ST-ZIP: SAN FRANCISCO CA 94105

13.1 TITLE: V  
13.2 NAME: LEVINE, BARRY  
13.3 STREET ADDRESS: ONE MARKET  
13.4 CITY-ST-ZIP: SAN FRANCISCO CA 94105

14.1 TITLE: V  
14.2 NAME: MARSDEN, WAYNE A  
14.3 STREET ADDRESS: ONE MARKET  
14.4 CITY-ST-ZIP: SAN FRANCISCO CA 94105

15.1 TITLE: V  
15.2 NAME: SCHLAFER, DOUGLAS J  
15.3 STREET ADDRESS: ONE MARKET  
15.4 CITY-ST-ZIP: SAN FRANCISCO CA 94105

16.1 TITLE: V  
16.2 NAME: SCOTT, BARRY R  
16.3 STREET ADDRESS: ONE MARKET  
16.4 CITY-ST-ZIP: SAN FRANCISCO CA 94105

17.1 TITLE: D  
17.2 NAME: SKOWRONSKI, DAN R  
17.3 STREET ADDRESS: ONE MARKET  
17.4 CITY-ST-ZIP: SAN FRANCISCO CA 94105

18.1 TITLE: V  
18.2 NAME: SMITH, ROBERT M  
18.3 STREET ADDRESS: ONE MARKET  
18.4 CITY-ST-ZIP: SAN FRANCISCO CA 94105

19.1 TITLE: V  
19.2 NAME: WORNER, BRUCE E  
19.3 STREET ADDRESS: ONE MARKET  
19.4 CITY-ST-ZIP: SAN FRANCISCO CA 94105