


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 17 AM 8:02

DOCUMENT # P15430 1. Entity Name ACA FINANCIAL GUARANTY CORPORATION	
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Principal Place of Business 140 BROADWAY 47TH FLOOR NEW YORK, NY 10005	Mailing Address 140 BROADWAY 47TH FLOOR NEW YORK, NY 10005
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip	4. FEI Number 52-1474358	Applied For <input type="checkbox"/> Not Applicable
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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	7. Name and Address of New Registered Agent Name Chief Financial Officer Street Address (P.O. Box Number is Not Acceptable) c/o Corporate Service Company 1201 Hays Street City Tallahassee FL Zip Code 32301
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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 January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROSEMAN, ALAN S 140 BROADWAY 47TH FLOOR NEW YORK, NY 10005 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Executive Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Raymond J. Brooks, Jr. 140 Broadway, 47th Floor New York, NY 10005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GILPIN, EDWARD U 140 BROADWAY 47TH FLOOR NEW YORK, NY 10005 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Financial Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lisa M. Mumford 140 Broadway, 47th Floor New York, NY 10005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MUMFORD, LISA 140 BROADWAY 47TH FLOOR NEW YORK, NY 10005 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	General Counsel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Steven J. Berkowitz 140 Broadway, 47th Floor New York, NY 10005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAHLMAN, NORA J 140 BROADWAY 47TH FLOOR NEW YORK, NY 10005 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500139104895 12/17/08--01037--008 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lisa Mumford 12/16/08 212-375-2206
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Lisa Mumford, Chief Financial officer

12/18/08