

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P15430 (2)

1. Corporation Name

CAPITAL GUARANTY INSURANCE COMPANY

Now Known As "FINANCIAL SECURITY ASSURANCE OF MARYLAND, INC."



Principal Place of Business

Mailing Address

STEWART TOWER - 22ND FLOOR
ONE MARKET PLAZA
SAN FRANCISCO CA 94105-8413

STEWART TOWER - 22ND FLOOR
ONE MARKET PLAZA
SAN FRANCISCO CA 94105-8413

3. Date Incorporated or Qualified
07/31/1987

3a. Date of Last Report
03/17/1995

2. Principal Place of Business

2a. Mailing Address

21 350 Park Ave.

26 350 Park Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
NEW YORK, NY

27 City & State
NEW YORK, NY

24 Zip 10022 Country

29 Zip 10022 Country

4. FEI Number
52-1474358

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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)

000001839430
-05/24/96--01110--030

84 City

***200.00

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PDC	DJORDJEVICH, MICHAEL	ONE MARKET PLAZA SAN FRANCISCO CA		<input checked="" type="checkbox"/>
SDV	CHERNEY, NANCY A	ONE MARKET PLAZA SAN FRANCISCO CA		<input checked="" type="checkbox"/>
DV	MCGEE, NANCY J.	ONE MARKET PLAZA SAN FRANCISCO CA		<input checked="" type="checkbox"/>
V	MCCLURE, STEPHEN S	ONE MARKET PLAZA SAN FRANCISCO CA		<input checked="" type="checkbox"/>
V	KESSLER, ROBERT M	ONE MARKET PLAZA SAN FRANCISCO CA		<input checked="" type="checkbox"/>
V	CLARK, GREGORY A	ONE MARKET PLAZA SAN FRANCISCO CA		<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
Director, President, CEO	Robert P. Cochran	350 Park Ave.	New York, NY 10022	Managing Director, CFO	John A. Harrison	350 Park Ave.	New York, NY 10022	Managing Director, Treasurer	Edsel C. Langley Jr.	350 Park Ave.	New York, NY 10022	Managing Director, Controller	Jeffrey S. Joseph	350 Park Ave.	New York, NY 10022	Managing Director, General Counsel, Secretary	Bruce E. Stern	350 Park Ave.	New York, NY 10022	Vice President, Asst. Secretary	Barry R. Scott	Stewart Tower, One Market Plaza	San Francisco, CA 94105

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Jeffrey S. Joseph
JEFFREY S. JOSEPH
Managing Director & Controller

4/26/96

(212) 379-3692

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr Day/Time/Phone #

CR2E034 (12/95)