

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P15430 (2)
 1. Corporation Name
~~FINANCIAL SECURITY ASSURANCE OF MARYLAND INC.~~ *NC 12-26-97*
NAME CHANGED TO: ACA Financial Guaranty Corporation



Principal Place of Business Mailing Address
350 PARK AVE. NEW YORK NY 10022 **350 PARK AVE. NEW YORK NY 10022**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 **One Liberty Plaza, 52nd Floor** 26 **One Liberty Plaza**
 Suite, Apt #, etc. Suite, Apt #, etc.
 22 **52nd Floor** 27 **52nd Floor**
 City & State City & State
 23 **New York, NY** 28 **New York, NY**
 Zip Country Zip Country
 24 **10006** 25 **USA** 29 **10006** 30 **USA**

3. Date Incorporated or Qualified
07/31/1987
 4. FEI Number Applied For
52-1474358 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
 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 607.1508, 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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	MDC	<input checked="" type="checkbox"/> DELETE
NAME	JOSEPH, JEFFEY S	
STREET ADDRESS	350 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	MD	<input checked="" type="checkbox"/> DELETE
NAME	STERN, BRUCE E	
STREET ADDRESS	350 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	COCHRAN, ROBERT P	
STREET ADDRESS	350 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	DCFO	<input checked="" type="checkbox"/> DELETE
NAME	HARRISON, JOHN A	
STREET ADDRESS	350 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	MDT	<input checked="" type="checkbox"/> DELETE
NAME	LANGLEY, EDSSEL C JR.	
STREET ADDRESS	350 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	MDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Harold Russell Fraser	
1.3 STREET ADDRESS	One Liberty Plaza, 52nd Floor	
1.4 CITY-ST-ZIP	New York, NY 10004	
2.1 TITLE	MS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Michael A. Freed	
2.3 STREET ADDRESS	One Liberty Plaza, 52nd Floor	
2.4 CITY-ST-ZIP	New York, NY 10006	
3.1 TITLE	MDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Charles M. Partridge	
3.3 STREET ADDRESS	One Liberty Plaza, 52nd Floor	
3.4 CITY-ST-ZIP	New York, NY 10004	
4.1 TITLE	MDP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Donald J. Matthews	
4.3 STREET ADDRESS	One Liberty Plaza, 52nd Floor	
4.4 CITY-ST-ZIP	New York, NY 10006	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment, with an address.

SIGNATURE *[Signature]* **350 Park Ave New York NY 10022**

CR2E034 (10/97)