

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90181 028 ***150.00

DOCUMENT # P15430

1. Corporation Name ACA FINANCIAL GUARANTY CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business: LIBERTY PLAZA 52ND FLOOR, NEW YORK NY 10006
Mailing Address: ONE LIBERTY PLAZA 52ND FLOOR, NEW YORK NY 10006

3. Date Incorporated or Qualified: 07/31/1987
4. FEI Number: 52-1474358
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 the current year Intangible Personal Property Tax: [] Yes [X] No

2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 25 Country: 29

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

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13.
MDC FRASER, HAROLD R ONE LIBERTY PLAZA 52ND FLOOR NEW YORK NY 10006	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
MS FREED, MICHAEL A ONE LIBERTY PLAZA 52ND FLOOR NEW YORK NY 10006	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
MDT PARTRIDGE, CHARLES M ONE LIBERTY PLAZA 52ND FLOOR NEW YORK NY 10006	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
MDP MATTHEWS, DONALD J ONE LIBERTY PLAZA 52ND FLOOR NEW YORK NY 10006	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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, with all other like empowered.

SIGNATURE: *Michael A Freed*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 02/23/99 Daytime Phone #: 9413

CR2E034 (11/98)