

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214503098

1.) CORPORATION NAME:

FINANCIAL GUARANTY INSURANCE COMPANY

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F0604894**

RICHMOND, VA

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 10,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 125 PARK AVE

CITY/ST/ZIP: NEW YORK, NY 10017

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: CAROLANNE GARDNER
TITLE: VP/SEC
ADDRESS: 125 PARK AVE
CITY/ST/ZIP/CO: NEW YORK, NY 10017

OFFICER

DIRECTOR

NAME: STEVEN P NATKO
TITLE: VP/ASST SEC
ADDRESS: 125 PARK AVE
CITY/ST/ZIP/CO: NEW YORK, NY 10017

OFFICER

DIRECTOR

NAME: TIMOTHY S TRAVERS
TITLE: CEO
ADDRESS: 125 PARK AVE
CITY/ST/ZIP/CO: NEW YORK, NY 10017

OFFICER

DIRECTOR

NAME: A. EDWARD TURI, III
TITLE: EXEC VP & GC
ADDRESS: 125 PARK AVE
CITY/ST/ZIP/CO: NEW YORK, NY 10017

OFFICER

DIRECTOR

NAME: KENNETH L. DEGEN
TITLE: SR MANAGING DIR
ADDRESS: 125 PARK AVE
CITY/ST/ZIP/CO: NEW YORK, NY 10017

OFFICER

DIRECTOR

NAME: DEREK DONNELLY
TITLE: SR MANAGING DIR
ADDRESS: 125 PARK AVE
CITY/ST/ZIP/CO: NEW YORK, NY 10017

OFFICER

DIRECTOR

| | | |
|--|---|--|
| NAME: MICHAEL C HAINES TITLE: SR VP/CFO/TREAS ADDRESS: 125 PARK AVE CITY/ST/ZIP/CO: NEW YORK, NY 10017 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: JAMIE B STEWART, JR TITLE: CHAIRMAN ADDRESS: 125 PARK AVE CITY/ST/ZIP/CO: NEW YORK, NY 10017 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JOHN S DUBEL TITLE: DIRECTOR ADDRESS: 125 PARK AVE CITY/ST/ZIP/CO: NEW YORK, NY 10017 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: CONO R FUSCO TITLE: DIRECTOR ADDRESS: 125 PARK AVE CITY/ST/ZIP/CO: NEW YORK, NY 10017 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TIMOTHY R GRAHAM TITLE: DIRECTOR ADDRESS: 125 PARK AVE CITY/ST/ZIP/CO: NEW YORK, NY 10017 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: FREDERICK W KANNER TITLE: DIRECTOR ADDRESS: 125 PARK AVE CITY/ST/ZIP/CO: NEW YORK, NY 10017 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: PAULA A PRICE TITLE: DIRECTOR ADDRESS: 125 PARK AVE CITY/ST/ZIP/CO: NEW YORK, NY 10017 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | | |
| /s/ CAROLANNE GARDNER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | CAROLANNE GARDNER, VP/SEC PRINTED NAME AND CORPORATE TITLE | 1/9/2014 DATE |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | |