

1.) CORPORATION NAME:

ACA FINANCIAL GUARANTY CORPORATION

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

DUE DATE: **10/31/2011**

SCC ID NO: **F1017948**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 600 FIFTH AVE., 2ND FLOOR

CITY/ST/ZIP: NEW YORK, NY 10020-

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: RAYMOND JOHN BROOKS JR. OFFICER DIRECTOR
 TITLE: PRESIDENT
 ADDRESS: 600 FIFTH AVE., 2ND FLOOR
 CITY/ST/ZIP/CO: NEW YORK, NY 10020-

NAME: STEVEN JOSEPH BERKOWITZ OFFICER DIRECTOR
 TITLE: SECRETARY
 ADDRESS: 600 FIFTH AVE., 2ND FLOOR
 CITY/ST/ZIP/CO: NEW YORK, NY 10020-

NAME: ARNOLD BROUSELL OFFICER DIRECTOR
 TITLE: TREASURER
 ADDRESS: 600 FIFTH AVE., 2ND FLOOR
 CITY/ST/ZIP/CO: NEW YORK, NY 10020-

NAME: RICHARD JOSEPH CAPLAN OFFICER DIRECTOR
 TITLE: DIRECTOR
 ADDRESS: 600 FIFTH AVE., 2ND FLOOR
 CITY/ST/ZIP/CO: NEW YORK, NY 10020-

NAME: ROGER DALE CUNNINGHAM OFFICER DIRECTOR
 TITLE: DIRECTOR
 ADDRESS: 600 FIFTH AVE., 2ND FLOOR
 CITY/ST/ZIP/CO: NEW YORK, NY 10020-

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRADLEY IRVING DIETZ DIRECTOR 600 FIFTH AVE., 2ND FLOOR NEW YORK, NY 10020-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	--	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIS THOMAS KING JR. DIRECTOR 600 FIFTH AVE., 2ND FLOOR NEW YORK, NY 10020-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	--	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DWIGHT EDWARD LACEY DIRECTOR 600 FIFTH AVE., 2ND FLOOR NEW YORK, NY 10020-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL DOUGLAS MCFARLANE DIRECTOR 600 FIFTH AVE., 2ND FLOOR NEW YORK, NY 10020-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	--	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW NATHAN ROTHSEID DIRECTOR 600 FIFTH AVE., 2ND FLOOR NEW YORK, NY 10020-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	--	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN BRUCE SPRUNG DIRECTOR 600 FIFTH AVE., 2ND FLOOR NEW YORK, NY 10020-	<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.

<u>/s/ STEVEN JOSEPH BERKOWITZ</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>STEVEN JOSEPH BERKOWITZ,</u> SECRETARY PRINTED NAME AND CORPORATE TITLE	<u>10/18/2011</u> 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.