

1.) CORPORATION NAME:

**ACA FINANCIAL GUARANTY CORPORATION**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

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

SCC ID NO: **F1017948**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MD**

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.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	600 FIFTH AVE., 2ND FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10020		
NAME:	ARNOLD BROUSELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	600 FIFTH AVE., 2ND FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10020		
NAME:	STEVEN JOSEPH BERKOWITZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	600 FIFTH AVE., 2ND FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10020		
NAME:	RICHARD JOSEPH CAPLAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	600 FIFTH AVE., 2ND FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10020		
NAME:	ROGER DALE CUNNINGHAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	600 FIFTH AVE., 2ND FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10020		
NAME:	BRADLEY IRVING DIETZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	600 FIFTH AVE., 2ND FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10020		

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.			
/s/ STEVEN JOSEPH BERKOWITZ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEVEN JOSEPH BERKOWITZ, SECRETARY PRINTED NAME AND CORPORATE TITLE	4/30/2012 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.			