

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

Page 1 of 2

PROFIT CORPORATION ANNUAL REPORT 1996



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

TRIAD GUARANTY INSURANCE CORPORATION



DOCUMENT # **P16395 (6)**

1. Corporation Name
TRIAD GUARANTY INSURANCE CORPORATION

Principal Place of Business
**101 SOUTH STRATFORD ROAD
SUITE 500
WINSTON-SALEM NC 27104**

Mailing Address
**101 S STRATFORD RD., STE. 500
P O BOX 2300 (27102)
WINSTON-SALEM NC 27104-4224
US**

3. Date Incorporated or Qualified **10/15/1987** 3a. Date of Last Report **03/16/1995**
4. FEI Number **56-1570971** Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address Suite 500
21 **SAME** 26 **101 S. Stratford rd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **P.O. Box 2300 (27102)**
City & State City & State
23 **Winston-Salem, NC**
Zip Country Zip Country
24 **27104-4224** 30

9. Name and Address of Current Registered Agent
**FLORIDA COMMISSIONER OF INSURANCE
THE CAPITAL BLDG.
TALLAHASSEE FL 32399-0300**

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 _____ (NOTE: Registered Agent signature not provided when a registered agent is not changing)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMPSON, DARRYL W.	
STREET ADDRESS	2823 GATESHEAD DRIVE	
CITY - ST - ZIP	WINSTON-SALEM NC	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BONO, ROBERT M.	
STREET ADDRESS	520-Y PARK RIDGE CT.	
CITY - ST - ZIP	WINSTON-SALEM NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FREEMAN, HENRY B.	
STREET ADDRESS	330 STEED CT.	
CITY - ST - ZIP	WINSTON-SALEM NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LUMMUS, F. EDWARD	
STREET ADDRESS	519 CHATEAUGAY LANE	
CITY - ST - ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, PERRY	
STREET ADDRESS	230 SHERIDAN LANE	
CITY - ST - ZIP	BIRMINGHAM AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHUTZBACH, JEROME F.	
STREET ADDRESS	511 N. WILLOW ST.	
CITY - ST - ZIP	EFFINGHAM IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ **Robert M. Bono** 910-723-1282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

TRIAD GUARANTY INSURANCE CORPORATION
OFFICERS & DIRECTORS

TITLE	NAME	ADDRESS	CITY	ST	ZIP
P/D	THOMPSON, DARRYL W.	2823 GATESHEAD DRIVE	WINSTON-SALEM,	NC	27106
V/D	WILLIAMS, JOHN H. JR	2729 REYNOLDS DRIVE	WINSTON-SALEM,	NC	27104
V/S	BONO, ROBERT M.	520-Y PARK RIDGE COURT	WINSTON-SALEM,	NC	27104
V	FREEMAN, HENRY B.	330 STEED COURT	WINSTON-SALEM,	NC	27106
V	KESSINGER, RONNIE D.	PO BOX 39	ADVANCE,	NC	27006
V	LUMMUS, F. EDWARD	519 CHATEAUGAY LANE	ATLANTA,	GA	30342
V/D	RATLIFF, JAMES K.	46 GREENWAY ROAD	BIRMINGHAM,	AL	35213
V/D	RATLIFF, WILLIAM T. JR	2621 ALTADENA ROAD	BIRMINGHAM,	AL	35243
V	WALL, CHARLES W.	676 IDLEWILD CIRCLE	BIRMINGHAM,	AL	35205
V/D	WHITEHURST, DAVID W.	3504 COUNTRYWOOD LANE	BIRMINGHAM,	AL	35243
C/D	RATLIFF, WILLIAM T. III	4319 OVERLOOK ROAD	BIRMINGHAM,	AL	35205
D	DAVIS, PERRY E.	230 SHERIDAN LANE	BIRMINGHAM,	AL	35216
D	DAVIS, HOWARD A.	1032 ROYAL BOMBAY COURT	NAPERVILLE,	IL	60563
D	WILLIAMS, CRAIG G. SR.	416 N MICHIGAN	BELLEVILLE,	IL	62221
D	NIXON, JOHN T.	3624 ROCKHILL ROAD	BIRMINGHAM,	AL	35223
D	SCHUTZBACH, JEROME F.	511 N. WILLOW STREET	EFFINGHAM,	IL	62401
V	PHILLIPS, ROLAND A.	6001 MURFIELD DRIVE	GREENSBORO,	NC	27410
V	OSWALT, MICHAEL R.	508 COVE HOLLOW CIRCLE	BIRMINGHAM,	AL	35244
V	DOAN, LOREN WAYNE	5505 HARBOR TOWN DRIVE	DALLAS	TX	75287
C-	CHAIRMAN				
P-	PRESIDENT				
V-	VICE PRESIDENT				
S-	SECRETARY				
D-	DIRECTOR				
AS-	ASSISTANT SECRETARY				