

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

00104

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90105 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P16395

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/15/1987	4. FEI Number 56-1570971	Applied For No. Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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 85 Zip Code
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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 required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, DAFRYL W.	1.2 NAME	HOLMES, LARKIN M.
STREET ADDRESS	2823 GATESHEAD DRIVE	1.3 STREET ADDRESS	963 KEARNS AVE.
CITY-ST-ZIP	WINSTON-SALEM NC	1.4 CITY-ST-ZIP	WINSTON-SALEM, NC 27106
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSWALT, MICHAEL R	2.2 NAME	HAMBY, GREGORY W.
STREET ADDRESS	150 WHITMORE COVE CT	2.3 STREET ADDRESS	826 15TH AVE., N.E.
CITY-ST-ZIP	CLEMMONS NC	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33704
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, HENRY B.	3.2 NAME	
STREET ADDRESS	330 STEED CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINSTON-SALEM NC	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUMMUS, F. EDWARD	4.2 NAME	
STREET ADDRESS	519 CHATEAUGAY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUTZBACH, JEROME F.	5.2 NAME	
STREET ADDRESS	511 N. WILLOW ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	EFFINGHAM IL	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALL, C W	6.2 NAME	
STREET ADDRESS	676 IDLEWILD CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35205	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 a l other like empowered.

SIGNATURE: Michael Oswalt MICHAEL R. OSWALT, VICE PRES. & CONTROLLER 4/22/99 (336) 723-1282
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)