

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P16395

1. Entity Name

TRIAD GUARANTY INSURANCE CORPORATION

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90041 011 ***150.00



DO NOT WRITE IN THIS SPACE

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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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 56-1570971	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FLORIDA COMMISSIONER OF INSURANCE
 THE CAPITAL BLDG.
 TALLAHASSEE FL 32399-0300**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. 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	VP	<input type="checkbox"/> Delete
NAME	OSWALT, MICHAEL R	
STREET ADDRESS	150 WHITMORE COVE CT	
CITY-ST-ZIP	CLEMMONS 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 checked="" type="checkbox"/> Delete
NAME	LUMMUS, F. EDWARD	
STREET ADDRESS	519 CHATEAUGAY LANE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHUTZBACH, JEROME F.	
STREET ADDRESS	511 N. WILLOW ST.	
CITY-ST-ZIP	EFFINGHAM IL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WALL, C W	
STREET ADDRESS	676 IDLEWILD CIR	
CITY-ST-ZIP	BIRMINGHAM AL 35205	

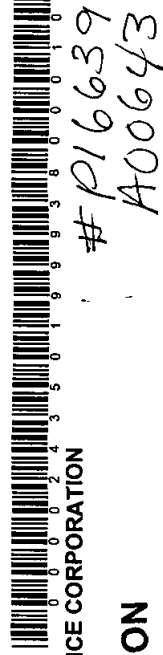
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALL, EARL F.	
STREET ADDRESS	1104 GLOUSMAN RD.	
CITY-ST-ZIP	WINSTON-SALEM, NC 27104	
TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONNIE DEAN KESSINGER	
STREET ADDRESS	181 PLANTATION LANE	
CITY-ST-ZIP	ADVANCE, NC 27006	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SR. VICE-PRESIDENT, CONTROLLER & TREASURER **336-723-1282**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4/25/2000** Daytime Phone #

CR2E034 (9/99)



ANNUAL STATEMENT FOR THE YEAR 1999 OF THE TRIAD GUARANTY INSURANCE CORPORATION

DIRECTORS AND OFFICERS INFORMATION

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

Table with columns: 01 Last Name, 02 First Name, 03 Middle Name, 04 Suffix, 05 Social Security Number, 06 Date of Birth, 07 Position (01 Director, 02 Officer, 03 Both, 04 Attorney-in-fact), 08 Position Held Since, 09 Ceased Employment, 10 Changed Position, 11 Street Address #1, 12 Street Address #2, 13 Street Address #3, 14 City, 15 State Abbr., 16 Zip Code.

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