

PIU395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

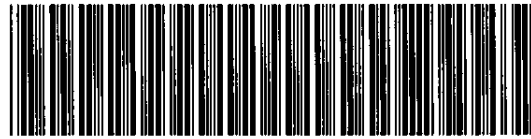
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 23 PM 3:11

RA/Rolch
@ 1/23/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Triad Guaranty Insurance Corporation
Name of Corporation

DOCUMENT NUMBER: P16395

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Sabrina Tillapaugh
Name of Contact Person

NRAI Corporate Services
Firm/Company

60-12 Nason Street
Address

Maynard, MA 01754
City/State and Zip Code

stillapaugh@nrai.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sabrina Tillapaugh at (978) 897-0024
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



January 18, 2012

Ms. Irene Albritton
Regulatory Specialist II
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Triad Guaranty Insurance Corporation

Dear Ms. Albritton:

We have received your letter of January 5, 2012 addressed to Sabrina Tillapaugh of NRAI Corporate Services. Pursuant to our conversation of January 17, 2012, we are returning the documents to you. You will file the change form appointing NRAI as the registered agent for Triad Guaranty Insurance Corporation.

Please do not hesitate to contact me if you have any further questions. Thank you for handling this matter for us.

Sincerely yours,

A handwritten signature in cursive script that reads "Julia H. Turner".

Julia H. Turner
VP, Asst. General Counsel and
Asst. Corporate Secretary

RECEIVED
JAN 23 AM 9:11
STATE DEPARTMENT OF REVENUE

Triad Guaranty Insurance Corporation
101 South Stratford Road
Winston-Salem, NC 27104

336-723-1282 / 800-451-4872
(Fax) 336-331-1510

www.triadguaranty.com

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Illinois in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Triad Guaranty Insurance Corporation

2. The principal office address: 101 South Stratford Road, Winston-Salem, NC 27104

3. The mailing address (if different):

4. Date of incorporation/qualification: 10/15/1987 Document number: P16395

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Chief Financial Officer

200 E. Gaines Street, PO Box 6200 (32314-6200)

Tallahassee, FL 32399

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

515 East Park Avenue

P.O. Box NOT acceptable

Tallahassee, FL 32301

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director: Julia H. Turner

Printed or typed name and title: Julia H. Turner Vice President + Asst. General Counsel

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent: Sabrina Tillapaugh

Date: 12/27/11

If signing on behalf of an entity:

SABRINA TILLAPPAUGH, ASST. SECRETARY

Typed or Printed Name

*** FILING FEE: \$35.00 ***