

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

Principal Place of Business	Mailing Address
101 SOUTH STRATFORD ROAD SUITE 500 WINSTON-SALEM NC 27104	101 S STRATFORD RD., STE. 500 P O BOX 2300 (27102) WINSTON-SALEM NC 27104-4224 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	56-1570971	Applied For
		Not Applicable

5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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) ☐	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. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																																				
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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: _____ 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)

