

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
 05-21-2002 91222 008 ***150.00

DOCUMENT # P16395

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
56-1570971

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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, 2002 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **THOMPSON, DARRYL W.**
 STREET ADDRESS **2823 GATESHEAD DRIVE**
 CITY-ST-ZIP **WINSTON-SALEM NC**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **OSWALT, MICHAEL R**
 STREET ADDRESS **150 WHITMORE COVE CT**
 CITY-ST-ZIP **CLEMMONS NC**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **FREEMAN, HENRY B.**
 STREET ADDRESS **330 STEED CT.**
 CITY-ST-ZIP **WINSTON-SALEM NC**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **WALL, EARL F**
 STREET ADDRESS **1104 GLOUSMAN RD**
 CITY-ST-ZIP **WINSTON SALEM NC 27104**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SCHUTZBACH, JEROME F.**
 STREET ADDRESS **511 N. WILLOW ST.**
 CITY-ST-ZIP **EFFINGHAM IL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **EVP** ☐ Delete
 NAME **KESSINGER, RONNIE D**
 STREET ADDRESS **181 PLANTATION LANE**
 CITY-ST-ZIP **ADVANCE NC 27006**

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2002

Date

761-5177 ext 1106

Daytime Phone #

CR2E034 (9/01)