

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16395

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: TRIAD GUARANTY INSURANCE CORPORATION

## Current Principal Place of Business:

101 SOUTH STRATFORD ROAD  
SUITE 500  
WINSTON-SALEM, NC 27104

## New Principal Place of Business:

## Current Mailing Address:

101 S STRATFORD RD., STE. 500  
P O BOX 2300 (27102)  
WINSTON-SALEM, NC 271044224 US

## New Mailing Address:

FEI Number: 56-1570971

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: THOMPSON, DARRYL W.,  
Address: 2823 GATESHEAD DRIVE  
City-St-Zip: WINSTON-SALEM, NC

Title: VP ( ) Delete  
Name: OSWALT, MICHAEL R  
Address: 150 WHITMORE COVE CT  
City-St-Zip: CLEMMONS, NC

Title: V ( ) Delete  
Name: FREEMAN, HENRY B.,  
Address: 330 STEED CT.  
City-St-Zip: WINSTON-SALEM, NC

Title: S ( ) Delete  
Name: WALL, EARL F  
Address: 1104 GLOUSMAN RD  
City-St-Zip: WINSTON SALEM, NC 27104

Title: D ( ) Delete  
Name: SCHUTZBACH, JEROME F.,  
Address: 511 N. WILLOW ST.  
City-St-Zip: EFFINGHAM, IL

Title: EVP ( ) Delete  
Name: KESSINGER, RONNIE D  
Address: 181 PLANTATION LANE  
City-St-Zip: ADVANCE, NC 27006

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: DWYER, KENNETH S  
Address: 1108 HOBBS ROAD  
City-St-Zip: GREENSBORO, NC

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH S DWYER

VP

04/29/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date