

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16395

FILED
Apr 28, 2008
Secretary of State

Entity Name: TRIAD GUARANTY INSURANCE CORPORATION

Current Principal Place of Business:

101 SOUTH STRATFORD ROAD
WINSTON-SALEM, NC 27104 US

New Principal Place of Business:

Current Mailing Address:

101 S STRATFORD RD., STE. 500
P O BOX 2300
WINSTON-SALEM, NC 27102 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: TONNESEN, MARK KRIST, IAN
Address: 4620 CHERRYHILL DRIVE
City-St-Zip: WINSTON-SALEM, NC 27104

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

Title: SVP () Delete
Name: HAFERMAN, STEVE
Address: 708 SURREY PATH TRAIL
City-St-Zip: WINSTON-SALEM, NC 27104

Title: DS () Delete
Name: WALL, EARL F
Address: 350 COVENTRY PARK LANE
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: SVP () Delete
Name: JONES, KEN W
Address: 5240 WILSON HILL COURT
City-St-Zip: WINSTON-SALEM, NC 27104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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 exemption stated in Chapter 119, 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: KEN W. JONES

SVP

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date