

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

TRIAD GUARANTY INSURANCE CORPORATION



DOCUMENT # **P16395 (6)**

1. Corporation 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**

3. Date Incorporated or Qualified <b>10/15/1987</b>	3a. Date of Last Report <b>03/16/1995</b>
4. FEI Number <b>56-1570971</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>SAME</b>	<b>Suite 500</b>
22 Suite, Apt. #, etc.	26 <b>101 S. Stratford rd.</b>
23 City & State	27 <b>P.O. Box 2300 (27102)</b>
24 Zip	28 <b>Winston-Salem, NC</b>
25 Country	29 <b>27104-4224</b>
	30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>FLORIDA COMMISSIONER OF INSURANCE THE CAPITAL BLDG. TALLAHASSEE FL 32399-0300</b>	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature not provided when a registered agent is not changing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMPSON, DARRYL W.</b>	1.2 NAME	
STREET ADDRESS	<b>2823 GATESHEAD DRIVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINSTON-SALEM NC</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BONO, ROBERT M.</b>	2.2 NAME	
STREET ADDRESS	<b>520-Y PARK RIDGE CT.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINSTON-SALEM NC</b>	2.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREEMAN, HENRY B.</b>	3.2 NAME	
STREET ADDRESS	<b>330 STEED CT.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINSTON-SALEM NC</b>	3.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUMMUS, F. EDWARD</b>	4.2 NAME	
STREET ADDRESS	<b>519 CHATEAUGAY LANE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA GA</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, PERRY</b>	5.2 NAME	
STREET ADDRESS	<b>230 SHERIDAN LANE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BIRMINGHAM AL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHUTZBACH, JEROME F.</b>	6.2 NAME	
STREET ADDRESS	<b>511 N. WILLOW ST.</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>EFFINGHAM IL</b>	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: \_\_\_\_\_ **Robert M. Bono** 910-723-1282  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

TRIAD GUARANTY INSURANCE CORPORATION  
OFFICERS & DIRECTORS

TITLE	NAME	ADDRESS	CITY	ST	ZIP
P/D	THOMPSON, DARRYL W.	2823 GATESHEAD DRIVE	WINSTON-SALEM,	NC	27106
V/D	WILLIAMS, JOHN H. JR	2729 REYNOLDS DRIVE	WINSTON-SALEM,	NC	27104
V/S	BONO, ROBERT M.	520-Y PARK RIDGE COURT	WINSTON-SALEM,	NC	27104
V	FREEMAN, HENRY B.	330 STEED COURT	WINSTON-SALEM,	NC	27106
V	KESSINGER, RONNIE D.	PO BOX 39	ADVANCE,	NC	27006
V	LUMMUS, F. EDWARD	519 CHATEAUGAY LANE	ATLANTA,	GA	30342
V/D	RATLIFF, JAMES K.	46 GREENWAY ROAD	BIRMINGHAM,	AL	35213
V/D	RATLIFF, WILLIAM T. JR	2621 ALTADENA ROAD	BIRMINGHAM,	AL	35243
V	WALL, CHARLES W.	676 IDLEWILD CIRCLE	BIRMINGHAM,	AL	35205
V/D	WHITEHURST, DAVID W.	3504 COUNTRYWOOD LANE	BIRMINGHAM,	AL	35243
C/D	RATLIFF, WILLIAM T. III	4319 OVERLOOK ROAD	BIRMINGHAM,	AL	35205
D	DAVIS, PERRY E.	230 SHERIDAN LANE	BIRMINGHAM,	AL	35216
D	DAVIS, HOWARD A.	1032 ROYAL BOMBAY COURT	NAPERVILLE,	IL	60563
D	WILLIAMS, CRAIG G. SR.	416 N MICHIGAN	BELLEVILLE,	IL	62221
D	NIXON, JOHN T.	3624 ROCKHILL ROAD	BIRMINGHAM,	AL	35223
D	SCHUTZBACH, JEROME F.	511 N. WILLOW STREET	EFFINGHAM,	IL	62401
V	PHILLIPS, ROLAND A.	6001 MURFIELD DRIVE	GREENSBORO,	NC	27410
V	OSWALT, MICHAEL R.	508 COVE HOLLOW CIRCLE	BIRMINGHAM,	AL	35244
V	DOAN, LOREN WAYNE	5505 HARBOR TOWN DRIVE	DALLAS	TX	75287
C-	CHAIRMAN				
P-	PRESIDENT				
V-	VICE PRESIDENT				
S-	SECRETARY				
D-	DIRECTOR				
AS-	ASSISTANT SECRETARY				