

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/15/1987	3a. Date of Last Report 03/26/1996
21. Suite, Apt. #, etc	26. Suite, Apt. #, etc	4. FEI Number 56-1570971	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FLORIDA COMMISSIONER OF INSURANCE THE CAPITAL BLDG. TALLHASSEE FL 32399-0300	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, DARRYL W.	1.2 NAME	
STREET ADDRESS	2823 GATESHEAD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINSTON-SALEM NC	1.4 CITY-ST-ZIP	VICE-PRESIDENT
TITLE	VS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONO, ROBERT M.	2.2 NAME	
STREET ADDRESS	520-Y PARK RIDGE CT.	2.3 STREET ADDRESS	OSWALT, MICHAEL R.
CITY-ST-ZIP	WINSTON-SALEM NC	2.4 CITY-ST-ZIP	150 WHITMORE COVE CT., CLEMMONS, NC 27012
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, HENRY B.	3.2 NAME	
STREET ADDRESS	330 STEED CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINSTON-SALEM NC	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUMMUS, F. EDWARD	4.2 NAME	
STREET ADDRESS	519 CHATEAUGAY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, PERRY	5.2 NAME	
STREET ADDRESS	230 SHERIDAN LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUTZBACH, JEROME F.	6.2 NAME	
STREET ADDRESS	511 N. WILLOW ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	EFFINGHAM IL	6.4 CITY-ST-ZIP	

14. I do 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 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: *Michael R. Oswalt* **MICHAEL R. OSWALT** 3/21/97 910-723-1282
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

**TRIAD GUARANTY INSURANCE CORPORATION
OFFICERS & DIRECTORS**

<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ST</u>	<u>ZIP</u>
THOMPSON, DARRYL W.	2823 GATESHEAD DRIVE	WINSTON-SALEM,	NC	27106
WILLIAMS, JOHN H. JR	2729 REYNOLDS DRIVE	WINSTON-SALEM,	NC	27104
WALL, EARL F.	509 BARRETT ROAD	WINSTON-SALEM,	NC	27104
FREEMAN, HENRY B.	330 STEED COURT	WINSTON-SALEM,	NC	27106
KESSINGER, RONNIE D.	181 PLANTATION LANE	ADVANCE,	NC	27006
LUMMUS, F. EDWARD	519 CHATEAUGAY LANE	ATLANTA,	GA	30342
RATLIFF, JAMES K.	46 GREENWAY ROAD	BIRMINGHAM,	AL	35213
RATLIFF, WILLIAM T. JR	2621 ALTADENA ROAD	BIRMINGHAM,	AL	35243
WALL, CHARLES W.	676 IDLEWILD CIRCLE	BIRMINGHAM,	AL	35205
WHITEHURST, DAVID W.	3504 COUNTRYWOOD LANE	BIRMINGHAM,	AL	35243
RATLIFF, WILLIAM T. III	4319 OVERLOOK ROAD	BIRMINGHAM,	AL	35205
DAVIS, HOWARD A.	1032 ROYAL BOMBAY COURT	NAPERVILLE,	IL	60563
WILLIAMS, CRAIG G. SR.	416 N MICHIGAN	BELLEVILLE,	IL	62221
SCHUTZBACH, JEROME F.	511 N. WILLOW STREET	EFFINGHAM,	IL	62401
PHILLIPS, ROLAND A.	6001 MUIRFIELD DRIVE	GREENSBORO,	NC	27410
OSWALT, MICHAEL R.	150 WHITMORE COURT	CLEMMONS,	NC	27012
DOAN, LOREN WAYNE	5505 HARBOR TOWN DRIVE	DALLAS,	TX	75287
BICKETT, KATHY KNIGHT	7405 NICOLE CIRCLE	CHARLOTTE,	NC	28277
LARD, KENNETH NUNNELY	219 COUNTRY CIRCLE	ADVANCE,	NC	27006

AGENT

SECRETARY

(MOD&O)