

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90105 046 ***150.00

DOCUMENT # P16395

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1987

4. FEI Number

56-1570971

Applied For

No. Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

FLORIDA COMMISSIONER OF INSURANCE
THE CAPITAL BLDG.
TALLAHASSEE 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

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0505 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 in line of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | DELETE |
|-------|-----------------------|----------------------|---------------------|-------------------------------------|
| PD | THOMPSON, DAFRYL W. | 2823 GATESHEAD DRIVE | WINSTON-SALEM NC | <input type="checkbox"/> |
| VP | OSWALT, MICHAEL R | 150 WHITMORE COVE CT | CLEMMONS NC | <input type="checkbox"/> |
| V | FREEMAN, HENRY B. | 330 STEED CT. | WINSTON-SALEM NC | <input type="checkbox"/> |
| V | LUMMUS, F. EDWARD | 519 CHATEAUGAY LANE | ATLANTA GA | <input checked="" type="checkbox"/> |
| D | SCHUTZBACH, JEROME F. | 511 N. WILLOW ST. | EFFINGHAM IL | <input type="checkbox"/> |
| V | WALL, C W | 676 IDLEWILD CIR | BIRMINGHAM AL 35205 | <input checked="" type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-STATE-ZIP | Change | Addition |
|-----------|-------------------|---------------------|--------------------------|--------------------------|-------------------------------------|
| V | HOLMES, LARKIN M. | 963 KEARNS AVE. | WINSTON-SALEM, NC 27106 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| V | HAMBY, GREGORY W. | 826 15TH AVE., N.E. | ST. PETERSBURG, FL 33704 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL R. OSWALT, VICE PRES. & CONTROLLER 4/22/99 (336) 723-1282

Date

Daytime Phone #

CR2E034 (1/98)