


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

00104

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

04-29-1999 90105 046 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 10/15/1987	
4. FEI Number 56-1570971	Applied For No. Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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	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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HOLMES, LARKIN M.
1.3 STREET ADDRESS	963 KEARNS AVE.
1.4 CITY-ST-ZIP	WINSTON-SALEM, NC 27106
2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HAMBY, GREGORY W.
2.3 STREET ADDRESS	826 15TH AVE., N.E.
2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33704
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 l other like empowered.

SIGNATURE: Michael Oswalt MICHAEL R. OSWALT, VICE PRES. & CONTROLLER 4/22/99 (336) 723-1282  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)