

# 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:

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

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

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