## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P16395

FILED Feb 21, 2011 Secretary of State

Entity Name: TRIAD GUARANTY INSURANCE CORPORATION

Current Principal Place of Business: New Principal Place of Business:

101 SOUTH STRATFORD ROAD WINSTON-SALEM, NC 27104 US

Current Mailing Address: New Mailing Address:

101 SOUTH STRATFORD ROAD WINSTON-SALEM, NC 27104 US

FEI Number: 56-1570971 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US

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

## **OFFICERS AND DIRECTORS:**

Title: CEO

Name: JONES, KEN W

Address: 5240 WILSON HILL COURT City-St-Zip: WINSTON-SALEM, NC 27104

Title: VP

Name: DWYER, KENNETH S Address: 1108 HOBBS ROAD City-St-Zip: GREENSBORO, NC

Title: D

Name: DAVIS, HOWARD A

Address: 1032 ROYAL BOMBAY COURT City-St-Zip: NAPERVILLE, IL 60563

Title: DS

Name: WALL, EARL F

Address: 350 COVENTRY PARK LANE
City-St-Zip: WINSTON SALEM, NC 27104

Title: [

Name: SCHUTZBACH, JEROME F. Address: 511 N. WILLOW ST. City-St-Zip: EFFINGHAM, IL

Title: D

Name: GOODMAN, MARK

Address: 180 NORTH STETSON AVENUE STE 3700

City-St-Zip: CHICAGO, IL 60603

I hereby 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 all other like empowered.

SIGNATURE: KENNETH S DWYER VP 02/21/2011