

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90133 016 ***150.00

DOCUMENT # P16395

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **56-1570971**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

FLORIDA COMMISSIONER OF INSURANCE
THE CAPITAL BLDG.
TALLAHASSEE FL 32399-0300

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	THOMPSON, DARRYL 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	S	<input type="checkbox"/> Delete
NAME	WALL, EARL F	
STREET ADDRESS	1104 GLOUSMAN RD	
CITY-ST-ZIP	WINSTON SALEM NC 27104	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHUTZBACH, JEROME F.	
STREET ADDRESS	511 N. WILLOW ST.	
CITY-ST-ZIP	EFFINGHAM IL	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	KESSINGER, RONNIE D	
STREET ADDRESS	181 PLANTATION LANE	
CITY-ST-ZIP	ADVANCE NC 27006	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Michael Oswalt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03
Date

336-7231282
Daytime Phone #

CR2E034 (10/02)