

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000025563

Entity Name: TRIAD INSURANCE, INC.

FILED
Jul 28, 2008
Secretary of State

Current Principal Place of Business:

465 N. COUNTRY CLUB DRIVE
ATLANTIS, FL 33462

New Principal Place of Business:

Current Mailing Address:

5185 PEACHTREE PARKWAY
SUITE 280
NORCROSS, GA 30092

New Mailing Address:

FEI Number: 65-0824483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WENTLEY, DAVID
465 N. COUNTRY CLUB DRIVE
ATLANTIS, FL 33462 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: P () Delete
Name: BRUDERMAN, ROBERT
Address: 7465 W. LAKE MEAD BLVD., SUITE #100
City-St-Zip: LAS VEGAS, NV 89128

Title: VP () Delete
Name: CHAFFEE, HAROLD
Address: 5185 PEACHTREE PARKWAY, SUITE 280
City-St-Zip: NORCROSS, GA 30092

Title: SEC () Delete
Name: MATHIS, KEITH
Address: 5185 PEACHTREE PARKWAY, SUITE #280
City-St-Zip: NORCROSS, GA 30092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BRUDERMAN, ROBERT
Address: 7440 WEST SAHARA AVENUE
City-St-Zip: LAS VEGAS, NV 89117

Title: VP (X) Change () Addition
Name: MATHIS, KEITH
Address: 5185 PEACHTREE PARKWAY, SUITE 280
City-St-Zip: NORCROSS, GA 30092

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: KEITH MATHIS

SEC

07/28/2008

Electronic Signature of Signing Officer or Director

Date