Office of the Montana State Auditor,
Commissioner of Securities and Insurance
840 Helena Avenue
Helena, MT 59601
T: (406) 444-2040
F: (406) 444-3497

BEFORE THE MONTANA STATE AUDITOR
COMMISSIONER OF SECURITIES AND INSURANCE

IN THE MATTER OF: TRIAD GUARANTY INSURANCE CORPORATION, Montana Certificate of Authority # 3283.	)))))))	CASE NO. INS-2015-317 I-651 **ORDER OF REVOCATION**

Pursuant to Mont. Code Ann. § 33-2-118, the Office of the Montana State Auditor, Commissioner of Securities and Insurance (CSI), revokes Triad Guaranty Insurance Corporation's (Triad) certificate of authority for the following reasons:

1. The State Auditor is the Commissioner of Securities and Insurance (Commissioner). § 2-15-1903.

2. The CSI is under the control and supervision of the Commissioner. §§ 2-15-1902 and 33-1-301.

3. The Commissioner shall administer the CSI to protect insurance consumers. § 33-1-311(3).

4. The Commissioner and the CSI have jurisdiction over this matter. § 33-1-311.

5. The Commissioner shall suspend or revoke an insurer's certificate of authority if the insurer's authority to transact insurance is suspended or revoked by its state of domicile. § 33-2-118(c).

6. Triad is an Illinois domiciled property and casualty insurer, Certificate of Authority # 3283.

7. Triad was placed into rehabilitation by the Illinois Department of Insurance in 2012.

8. Triad has written no new business since 2008.

9. Triad is current on its Montana premium taxes, but has failed to pay its renewal fees.

ORDER

THEREFORE, IT IS HEREBY ORDERED that based on the foregoing, TRIAD GUARANTY INSURANCE CORPORATION's Certificate of Authority #3283 is **REVOKED**.

IT IS FURTHER ORDERD that Triad may not issue new policies or renew current policies. It may service existing policies.

IT IS FURTHER ORDERED that Triad is not relived of its duty to pay Montana premium tax. § 33-2-102.

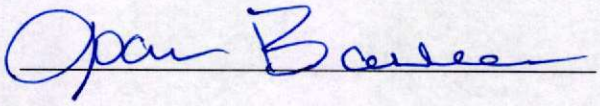
DATED this 9th day of November, 2015.

MONICA J. LINDEEN
Montana State Auditor,
Commissioner of Securities and Insurance

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on this 10 th day of November, 2015, a true and correct copy of the foregoing was served upon the following by U.S. mail, certification number 7012 2210 0002 5960 5585, postage prepaid:

Mr. Jeff Jacobs, Rehabilitator/Deputy General Counsel
Re: Triad Guaranty Insurance Corporation
PO Box 2300
Winston-Salem, NC 27102-2300

Via Hand-delivery:

Jennifer Hudson