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FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **804275** **(6)**

1. Corporation Name
TIG INSURANCE COMPANY

Principal Place of Business	Mailing Address
444 MARKET ST SAN FRANCISCO CA 94111 US	5205 N. O'CONNOR BLVD. IRVING TX 75039 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 650 California Street	2a. Mailing Address 26
Suite, Apt. #, etc. 22 2nd Floor	Suite, Apt. #, etc. 27
City & State 23 San Francisco, California	City & State 28
Zip / Country 24 94108 / 25 US	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 08/13/1934
4. FEI Number: 94-1517098 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER STATE CAPITOL, PLAZA LEVEL ELEVEN TALLAHASSEE FL 32399	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	HUTSON, DON D		1.2 NAME	Hennessy, Mary R.	
STREET ADDRESS	5205 N. O'CONNOR BLVD.		1.3 STREET ADDRESS	65 E. 55th Street	
CITY-ST-ZIP	IRVING TX		1.4 CITY-ST-ZIP	New York, NY	
TITLE	SVSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HUFF, WILLIAM H III		2.2 NAME		
STREET ADDRESS	5205 N. O'CONNOR BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	IRVING TX		2.4 CITY-ST-ZIP		
TITLE	DSVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, JAMES S.		3.2 NAME		
STREET ADDRESS	5205 N. O'CONNOR BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	IRVING TX		3.4 CITY-ST-ZIP		
TITLE	SVDC	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PICKETT, EDWIN G		4.2 NAME		
STREET ADDRESS	5205 N. O'CONNOR BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	IRVING TX		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROTENSTREICH, JON W.		5.2 NAME		
STREET ADDRESS	65 E. 55TH STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YOUK NY		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SCHOLL, DAVID C.		6.2 NAME		
STREET ADDRESS	5205 N. O'CONNOR BLVD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	IRVING TX		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William H. Huff, III, Secretary 4/13/98 972-931-5000