

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 804275

1. Corporation Name

TIG INSURANCE COMPANY

Principal Place of Business

650 CALIFORNIA STREET
2ND FLOOR
SAN FRANCISCO CA 94108
US

Mailing Address

5205 N. O'CONNOR BLVD.
IRVING TX 75039
US

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90044 038 ***150.00



DO NOT WRITE IN THIS SPACE

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE CAPITOL, PLAZA LEVEL ELEVEN
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HENNESSY, MARY R.	
STREET ADDRESS	65 E 55TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	SVSD	☐ DELETE
NAME	HUFF, WILLIAM H III	
STREET ADDRESS	5205 N. O'CONNOR BLVD.	
CITY-ST-ZIP	IRVING TX	
TITLE	DSVP	☐ DELETE
NAME	DAVIS, JAMES S.	
STREET ADDRESS	5205 N. O'CONNOR BLVD.	
CITY-ST-ZIP	IRVING TX	
TITLE	SVDC	☒ DELETE
NAME	PICKETT, EDWIN G	
STREET ADDRESS	5205 N. O'CONNOR BLVD.	
CITY-ST-ZIP	IRVING TX	
TITLE	D	☐ DELETE
NAME	ROTENSTREICH, JON W.	
STREET ADDRESS	65 E. 55TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VP	☐ DELETE
NAME	SCHOLL, DAVID C.	
STREET ADDRESS	5205 N. O'CONNOR BLVD.	
CITY-ST-ZIP	IRVING TX	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	SVPD
4.3 STREET ADDRESS	Swanson, John D.
4.4 CITY-ST-ZIP	5205 N. O'Connor Blvd. Irving, TX 75039
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: William H. Huff, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/25/99 (972)831-5000

Daytime Phone #

CR2E034 (1/98)