

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90078 016 ***150.00

DOCUMENT # 804275

1. Entity 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**

2. Principal Place of Business

5205 N. O'Connor Blvd.

3. Mailing Address

P.O. Box 152870

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Irving, TX

City & State
Irving, TX

4. FEI Number

94-1517098

Applied For

Not Applicable

Zip
75039

Country
USA

Zip
75015

Country
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 STATE CAPITOL, PLAZA LEVEL ELEVEN
 TALLAHASSEE FL 32399**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.** ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

**10. Election Campaign Financing
 Trust Fund Contribution.** ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **SMITH, COURTNEY C**
STREET ADDRESS **5205 N O'CONNOR BLVD**
CITY-ST-ZIP **IRVING TX 75039**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVSD** ☐ Delete
NAME **HUFF, WILLIAM H III**
STREET ADDRESS **5205 N. O'CONNOR BLVD.**
CITY-ST-ZIP **IRVING TX**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **ARIZAGA, NICOLAS A**
STREET ADDRESS **5205 N. O'CONNOR BLVD.**
CITY-ST-ZIP **IRVING TX 75039**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DONOVAN, R S**
STREET ADDRESS **5205 N. O'CONNOR BLVD**
CITY-ST-ZIP **IRVING TX 75039**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DM** ☒ Delete
NAME **TAYLOR, FRANK C**
STREET ADDRESS **5205 N O'CONNOR BLVD**
CITY-ST-ZIP **IRVING TX 75039**

TITLE **DM** ☐ Change ☒ Addition
NAME **Magee, John C III**
STREET ADDRESS **5205 N. O'Connor Blvd.**
CITY-ST-ZIP **Irving, TX 75039**

TITLE **DM** ☐ Delete
NAME **FONTEIN, FREDERIK M**
STREET ADDRESS **5205 N. O'CONNOR BLVD.**
CITY-ST-ZIP **IRVING TX 75039**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William H. Huff, III

02/15/02

(972)831-6248

Date

Daytime Phone #

CR2E034 (9/01)