# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Jul 14, 2009**
**Secretary of State**

DOCUMENT# 804275

**Entity Name:** TIG INSURANCE COMPANY

**Current Principal Place of Business:**

250 COMMERCIAL STREET
SUITE 5000
MANCHESTER, NH 03101 US

**New Principal Place of Business:**

**Current Mailing Address:**

250 COMMERCIAL STREET
SUITE 5000
MANCHESTER, NH 03101 US

**New Mailing Address:**

**FEI Number: 94-1517098** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: JOHN
Address: 250 COMMERCIAL STREET, STE 5000
City-St-Zip: MANCHESTER, NH 03101 US

Title: S ( ) Delete
Name: CHARLES
Address: 250 COMMERCIAL STREET, STE 5000
City-St-Zip: MANCHESTER, NH 03101 US

Title: P ( ) Delete
Name: BENTLEY, NICHOLAS C
Address: 250 COMMERCIAL STREET, STE 5000
City-St-Zip: MANCHESTER, NH 03101 US

Title: D ( ) Delete
Name: BENTLEY, NICHOLAS C
Address: 250 COMMERCIAL STREET, STE 5000
City-St-Zip: MANCHESTER, NH 03101 US

Title: D ( ) Delete
Name: BATOR, JOHN J
Address: 250 COMMERCIAL STREET, STE 5000
City-St-Zip: MANCHESTER, NH 03101 US

Title: D ( ) Delete
Name: DEMARIA, FRANK
Address: 250 COMMERCIAL STREET, STE 5000
City-St-Zip: MANCHESTER, NH 03101 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: PARKER, JOHN M
Address: 250 COMMERCIAL STREET, STE 5000
City-St-Zip: MANCHESTER, NH 03101 US

Title: S (X) Change ( ) Addition
Name: EHRLICH, CHARLES G
Address: 250 COMMERCIAL STREET, STE 5000
City-St-Zip: MANCHESTER, NH 03101 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CHARLES G EHRLICH S 07/14/2009

Electronic Signature of Signing Officer or Director Date