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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 MAR 13 AM 11:46

DOCUMENT # 815168 (0)

1. Corporation Name
TIG PREMIER INSURANCE COMPANY

Principal Place of Business	Mailing Address
333 SOUTH ANITA DRIVE. ORANGE. 92668 P.O. BOX 6300 (RM. 1221B) WOODLAND HILLS CA 91365-6300 US	91365-6300 P.O. BOX 6300 (RM. 1221B) WOODLAND HILLS CA 91365-3300 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 333 S. Anita Drive	26 333 S. Anita Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Orange, CA	28 City & State: Orange, CA
24 Zip: 92611 25 Country: US	29 Zip: 92611 30 Country: US

3. Date Incorporated or Qualified: 03/29/1961
3a. Date of Last Report: 04/05/1994
4. FEI Number: 94-0781581 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE CAPITOL, PLAZA LEVEL ELEVEN
TALLAHASSEE FL 32399-7300

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 _____ 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	1.1 TITLE		☒ Change ☐ Addition
NAME	HUTSON, DON D	1.2 NAME		
STREET ADDRESS	6300 CANOGA AVENUE	1.3 STREET ADDRESS	5205 N. O'Connor Blvd.	
CITY-ST-ZIP	WOODLAND HILLS CA	1.4 CITY-ST-ZIP	Irving, TX 75039	
TITLE	VSD	2.1 TITLE		☒ Change ☐ Addition
NAME	HUFF, WILLIAM H III	2.2 NAME		
STREET ADDRESS	6300 CANOGA AVENUE	2.3 STREET ADDRESS	5205 N. O'Connor Blvd.	
CITY-ST-ZIP	WOODLAND HILLS CA	2.4 CITY-ST-ZIP	Irving, TX 75039	
TITLE	T	3.1 TITLE	T	☒ Change ☒ Addition
NAME	DILLARD, JOAN H	3.2 NAME	Denise M. Abood	
STREET ADDRESS	5205 N. O'CONNOR BLVD.	3.3 STREET ADDRESS	5205 N. O'Connor Blvd.	
CITY-ST-ZIP	IRVING TX	3.4 CITY-ST-ZIP	Irving, TX 75039	
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	MERGELMEYER, GENE E	4.2 NAME		
STREET ADDRESS	333 SOUTH ANITA DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE CA	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE	Director	☒ Change ☒ Addition
NAME	VAUGHN, MARK S	5.2 NAME	Jon W. Rotenstreich	
STREET ADDRESS	70 WEST MICHIGN AVENUE	5.3 STREET ADDRESS	65 E. 55th Street	
CITY-ST-ZIP	BATTLE CREEK MI	5.4 CITY-ST-ZIP	New York, NY 10022	
TITLE	VD	6.1 TITLE		☒ Change ☐ Addition
NAME	PICKETT, EDWIN G	6.2 NAME		
STREET ADDRESS	6300 CANOGA AVENUE	6.3 STREET ADDRESS	5205 N. O'Connor Blvd.	
CITY-ST-ZIP	WOODLAND HILLS CA	6.4 CITY-ST-ZIP	Irving, TX 75039	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 N. Nuff, III 3-6-95 (214)831-5000
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0482031 FP

TIG PREMIER INSURANCE COMPANY
PROFIT CORPORATION ANNUAL REPORT

12. Additional names, titles and addresses of directors and officers:

NAME	TITLE	ADDRESS
David C. Scholl	Vice President Director	5205 N.Connor Blvd. Irving, Tx 75039
Steven A. Cook	Vice President	5205 N. O'Connor Blvd. Irving, Tx 75039
Cynthia D. Crandall	Vice President	5205 N. O'Connor Blvd. Irving, Tx 75039
Kenneth M. Fujino	Vice President	5205 N. O'Connor Blvd. Irving, Tx 75039
Peter J. Friday	Vice President	444 Market Street San Francisco, CA 94111
Patricia E. Guess	Vice President	444 Market Street San Francisco, CA 94111
Lloyd E. Hanson	Vice President	5205 N. O'Connor Blvd. Irving, Tx 75039
Steven B. Horton	Vice President	444 Market Street San Francisco, CA 94111
Robert W. Johnson	Vice President	444 Market Street San Francisco, CA 94111
Lon P. McClimon	Vice President	5205 N. O'Connor Blvd. Irving, Tx 75039
Philip S. Pierson	Vice President	5205 N. O'Connor Blvd. Irving, Tx 75039
James R. Sigafoos	Vice President	444 Market Street San Francisco, CA 94111
Dixon W. Tucker	Vice President	444 Market Street San Francisco, CA 94111

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