FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **815168** **(0)**

1. Corporation Name

TIG PREMIER INSURANCE COMPANY

Principal Place of Business	Mailing Address
333 S. ANITA DR. ORANGE CA 94111 US	333 S. ANITA DR. ORANGE CA 94111 US

3. Date Incorporated or Qualified: **03/29/1961**
3a. Date of Last Report: **03/13/1995**

2. Principal Place of Business
21 444 MARKET STREET
22 Suite, Apt. #, etc.
23 City & State: SAN FRANCISCO, CA
24 Zip: 94111 25 Country: USA

2a. Mailing Address
26 5205 N. O'CONNOR BLVD.
27 Suite, Apt. #, etc.
28 City & State: IRVING, TX
29 Zip: 75039 30 Country: USA

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HUTSON, DON D		1.2 NAME		
STREET ADDRESS	5205 N. O'CONNOR BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	IRVING TX		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ 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	T	☒ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	ABOOD, DENISE M.		3.2 NAME	CROWELL, STEVEN R.	
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	☒ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME	MERGELMEYER, GENE E		4.2 NAME	COOK, STEVEN A.	
STREET ADDRESS	333 SOUTH ANITA DRIVE		4.3 STREET ADDRESS	5205 N.O'CONNOR BLVD.	
CITY-ST-ZIP	ORANGE CA		4.4 CITY-ST-ZIP	IRVING, TX 75039	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROTENSTREICH, JON W.		5.2 NAME		
STREET ADDRESS	65 E. 55TH ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PICKETT, EDWIN G		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 (12/95)

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)(k), 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 3/1/96 (214) 831-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #