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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

95 APR 10 AM 9:59

DOCUMENT # P06971 (6)

1. Corporation Name
TIG COUNTRYWIDE INSURANCE COMPANY

Principal Place of Business Mailing Address
**6300 CANOGA AVENUE (ZIP 91367)
P.O. BOX 6300 (RM. 1221B)
WOODLAND HILLS CA 91365-6300
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/05/1985** 3a. Date of Last Report **04/05/1994**

2. Principal Place of Business 2a. Mailing Address
21 **444 Market Street** 26 **5205 N. O'Connor Blvd**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **95-2130882** Applied Fee
Not Applicable

22 **San Francisco, CA** 27 **Irving, TX**
City & State City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **94111** 25 **45** 28 **75039** 30 **US**
Zip Country Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3 **500001453955**
B4 City **-04/12/95-01000-005**
******200.0FL ****200.00**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 the date) (Typed or printed name of registered agent, and the date)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HUTSON, DON D 6300 CANOGA AVENUE WOODLAND HILLS CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD HUFF, WILLIAM H III 6300 CANOGA AVENUE WOODLAND HILLS CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DILLARD, JOAN H 5205 NORTH O'CONNOR BLVD. IRVING TX
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD MERGELMEYER, GENE E 333 SOUTH ANITA DRIVE ORANGE CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PICKETT, EDWIN G 6300 CANOGA AVENUE WOODLAND HILLS CA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SCHOLL, DAVID C 5205 NORTH O'CONNOR BLVD. IRVING TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5205 N. O'Connor Blvd. Irving, TX 75039
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5205 N. O'Connor Blvd. Irving, TX 75039
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Treasurer Denise M. Abood 5205 N. O'Connor Blvd. Irving, TX 75039
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5205 N. O'Connor Blvd. Irving, TX 75039
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 199.032(6)(b), 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. Huff, III* **3-6-95 (214)831-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

FW **4-10-95**