

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P06971 (6)

1. Corporation Name

TIG COUNTRYWIDE INSURANCE COMPANY



Principal Place of Business

Mailing Address

**444 MARKET STREET
SAN FRANCISCO CA 94111
US**

**5202 N. O'CONNOR BLVD.
IRVING TX 75039
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

08/05/1985

3a. Date of Last Report

04/10/1995

4. FEI Number

95-2130882

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

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD
NAME: HUTSON, DON D
STREET ADDRESS: 5205 N. O'CONNOR BLVD.
CITY-STATE-ZIP: IRVING TX 75039
 DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
 Change Addition

TITLE: VSD
NAME: HUFF, WILLIAM H III
STREET ADDRESS: 5205 N. O'CONNOR BLVD.
CITY-STATE-ZIP: IRVING TX 75039
 DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
 Change Addition

TITLE: T
NAME: ABOOD, DENISE M
STREET ADDRESS: 5205 NORTH O'CONNOR BLVD.
CITY-STATE-ZIP: IRVING TX 75039
 DELETE

3.1 TITLE: T
3.2 NAME: CROWELL, STEVEN R.
3.3 STREET ADDRESS: 5205 N. O'CONNOR BLVD.
3.4 CITY-STATE-ZIP: IRVING, TX 75039
 Change Addition

TITLE: SVD
NAME: MERGELMEYER, GENE E
STREET ADDRESS: 333 SOUTH ANITA DRIVE
CITY-STATE-ZIP: ORANGE CA
 DELETE

4.1 TITLE: D
4.2 NAME: RITENSTREICH, JON W.
4.3 STREET ADDRESS: 65 EAST 55TH STREET
4.4 CITY-STATE-ZIP: NEW YORK, NY 10022
 Change Addition

TITLE: VD
NAME: PICKETT, EDWIN G
STREET ADDRESS: 5205 N. O'CONNOR BLVD.
CITY-STATE-ZIP: IRVING TX 75039
 DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
 Change Addition

TITLE: VD
NAME: SCHOLL, DAVID C
STREET ADDRESS: 5205 NORTH O'CONNOR BLVD.
CITY-STATE-ZIP: IRVING TX
 DELETE

6.1 TITLE: V
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP
 Change 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

William H. Huff, III
William H. Huff, III

3/1/96

Date

(214) 831-5000

Daytime Phone #

CR2E034 (12/95)