

FILED

03 APR -3 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P36075					
1. Entry Name TIG INSURANCE CORPORATION OF AMERICA					
Principal Place of Business 2121 UNIVERSITY PARK DR STE 180 OKEMOS, MI 48864 US			Mailing Address PO BOX 152870 IRVING, TX 75015 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 71-0238628			Applied For Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent INSURANCE COMMISSIONER STATE CAPITOL, PLAZA LEVEL ELEVEN TALLAHASSEE, FL 32399-0300			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature must be printed name of registered agent and file if applicable. (NOTE: Registered Agent's signature required when submitting.)					
9. Election Campaign Financing Trust Fund Contribution. ☐			\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	DP	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	DONOVAN, SCOTT		NAME	Gossett, Robert	
STREET ADDRESS	6206 N O'CONNOR BLVD		STREET ADDRESS	250 Commercial Street, Suite 5000	
CITY-STATE-ZIP	IRVING, TX 75039		CITY-STATE-ZIP	Manchester, NH 03101	
TITLE	DS	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	GILLET, WILLIAM		NAME	Willmerth, Ronald	
STREET ADDRESS	250 COMMERCIAL STREET, SUITE 6000		STREET ADDRESS	2121 University Park Drive, Suite 180	
CITY-STATE-ZIP	MANCHESTER, NH 03101		CITY-STATE-ZIP	Okemos, MI 48864	
TITLE	DT	☐ Delete	TITLE	AS	☐ Change ☒ Addition
NAME	SLUKA, MICHAEL		NAME	Hitchcock, Teresa	
STREET ADDRESS	250 COMMERCIAL STREET, SUITE 6000		STREET ADDRESS	3205 W. O'Connor Blvd.	
CITY-STATE-ZIP	MANCHESTER, NH 03101		CITY-STATE-ZIP	Irving, TX 75039	
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	ANDREWS, DOUGLAS		NAME		
STREET ADDRESS	6206 N. O'CONNOR BLVD.		STREET ADDRESS		
CITY-STATE-ZIP	IRVING, TX 75039		CITY-STATE-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	EHRLICH, CHARLES		NAME		
STREET ADDRESS	250 COMMERCIAL STREET, SUITE 6000		STREET ADDRESS		
CITY-STATE-ZIP	MANCHESTER, NH 03101		CITY-STATE-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GIBBS, DENNIS		NAME		
STREET ADDRESS	250 COMMERCIAL STREET, SUITE 6000		STREET ADDRESS		
CITY-STATE-ZIP	MANCHESTER, NH 03101		CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Teresa Hitchcock</u> 3/18/03 972-831-5243					
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/02)

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