

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

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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

2a. Mailing Address

21 444 MARKET STREET

26 5205 N. O'CONNOR BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 SAN FRANCISCO, CA

28 IRVING, TX

24 Zip Country

29 Zip Country

94111

USA

75039

USA

4. FEI Number

94-0781581

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional

Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be

Added to Fees

7. 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

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

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PD	HUTSON, DON D	5205 N. O'CONNOR BLVD.	IRVING TX	<input type="checkbox"/>
VSD	HUFF, WILLIAM H III	5205 N. O'CONNOR BLVD.	IRVING TX	<input type="checkbox"/>
T	ABOOD, DENISE M.	5205 N. O'CONNOR BLVD.	IRVING TX	<input checked="" type="checkbox"/>
VD	MERGELMEYER, GENE E	333 SOUTH ANITA DRIVE	ORANGE CA	<input checked="" type="checkbox"/>
D	ROTENSTREICH, JON W.	65 E. 55TH ST.	NEW YORK NY	<input type="checkbox"/>
VD	PICKETT, EDWIN G	5205 N. O'CONNOR BLVD.	IRVING TX	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 SIGNING OFFICER OR DIRECTOR

William H. Huff, III

3/1/96

Date

(214) 831-5000

Daytime Phone

CR2E034 (12/95)