

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 815168

1. Entity Name
TIG PREMIER INSURANCE COMPANY

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90060 046 ***150.00

Principal Place of Business
**650 CALIFORNIA ST
2ND FLOOR
SAN FRANCISCO CA 94108
US**

Mailing Address
**5205 NORTH O'CONNOR BLVD
IRVING TX 75039
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **94-0781581**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME **PD HENNESSY, MARY R.**
STREET ADDRESS **65 E. 55TH ST.**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ Change ☒ Addition
NAME **P/D Courtney C. Smith**
STREET ADDRESS **5205 N. O'Connor Blvd.**
CITY-ST-ZIP **Irving, TX 75039**

TITLE ☐ Delete
NAME **VSD HUFF, WILLIAM H III**
STREET ADDRESS **5205 N. O'CONNOR BLVD.**
CITY-ST-ZIP **IRVING TX**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T ARIZAGA, NICOLAS A**
STREET ADDRESS **5205 N. O'CONNOR BLVD**
CITY-ST-ZIP **IRVING TX 75039**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **V CHASE, JAY J**
STREET ADDRESS **5205 N. O'CONNOR BLVD**
CITY-ST-ZIP **IRVING TX**

TITLE ☐ Change ☒ Addition
NAME **D R. Scott Donovan**
STREET ADDRESS **5205 N. O'Connor Blvd.**
CITY-ST-ZIP **Irving, TX 75039**

TITLE ☒ Delete
NAME **D ROTENSTREICH, JON W.**
STREET ADDRESS **65 E. 55TH ST.**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ Change ☒ Addition
NAME **D/M Frank C. Taylor**
STREET ADDRESS **5205 N. O'Connor Blvd.**
CITY-ST-ZIP **Irving, TX 75039**

TITLE ☒ Delete
NAME **VD SWANSON, JOHN D**
STREET ADDRESS **5205 N. O'CONNOR BLVD.**
CITY-ST-ZIP **IRVING TX 75039**

TITLE ☐ Change ☒ Addition
NAME **D/M Frederik M. fontein**
STREET ADDRESS **5205 N. O'Connor Blvd.**
CITY-ST-ZIP **Irving, TX 75039**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William H. Huff, III

William H. Huff, III

2/4/00

Date

(972)831-6248

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR