

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90099 027 ***150.00

DOCUMENT # 815168

1. Entity Name
TIG PREMIER INSURANCE COMPANY

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**

2. Principal Place of Business

5205 N. O'Connor Blvd.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 152870

Suite, Apt. #, etc.

City & State

Irving, Texas

City & State

Irving, TX

4. FEI Number

94-0781581

Applied For

Not Applicable

Zip

75039

Country

USA

Zip

75015

Country

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 32399-7300**

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.

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, 2002 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

TITLE **PD** ☐ Delete

NAME **SMITH, COURTNEY C**
 STREET ADDRESS **5205 N. O'CONNOR BLVD**
 CITY-ST-ZIP **IRVING TX 75039**

TITLE **VSD** ☐ Delete

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

TITLE **T** ☐ Delete

NAME **ARIZAGA, NICOLAS A**
 STREET ADDRESS **5205 N. O'CONNOR BLVD**
 CITY-ST-ZIP **IRVING TX 75039**

TITLE **D** ☐ Delete

NAME **DONOVAN, R. SCOT**
 STREET ADDRESS **5205 N. O'CONNOR BLVD**
 CITY-ST-ZIP **IRVING TX 75039**

TITLE **DM** ☒ Delete

NAME **TAYLOR, FRANK C**
 STREET ADDRESS **5205 N. O'CONNOR BLVD**
 CITY-ST-ZIP **IRVING TX 75039**

TITLE **DM** ☐ Delete

NAME **FONTEIN, FREDERIK M**
 STREET ADDRESS **5205 N. O'CONNOR BLVD**
 CITY-ST-ZIP **IRVING TX 75039**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DM** ☐ Change ☒ Addition

NAME **magee, John C. III**
 STREET ADDRESS **5205 N. O'Connor Blvd**
 CITY-ST-ZIP **Irving, TX 75039**

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/02 (972)831-6248
 Date Daytime Phone #

CR2E034 (9/01)