

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90012 035 ***150.00

DOCUMENT # 815168

1. Entity Name
TIG PREMIER INSURANCE COMPANY



Principal Place of Business
**5205 N. O'CONNOR BLVD.
IRVING, TX 75039 US**

Mailing Address
**P.O. BOX 152870
IRVING, TX 75015 US**

54063516



2. Principal Place of Business
10777 Westheimer Rd

3. Mailing Address
SAME

Suite, Apt. #, etc.
5 South

Suite, Apt. #, etc.
SAME

07072004 Chg-P CR2E034 (10/03)

City & State
Houston, TX

City & State
Houston, TX

4. FEI Number
94-0781581

Applied For
☐ Not Applicable

Zip
77042

Country
USA

Zip
77042

Country
USA

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

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> Delete
NAME DONOVAN, SCOTT	
STREET ADDRESS 5205 N. O'CONNOR BLVD	
CITY-ST-ZIP IRVING, TX 75039	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME GILLET, WILLIAM	
STREET ADDRESS 250 COMMERCIAL STREET, SUITE 5000	
CITY-ST-ZIP MANCHESTER, NH 03101	
TITLE TD	<input checked="" type="checkbox"/> Delete
NAME SLUKA, MICHAEL	
STREET ADDRESS 250 COMMERCIAL STREET, SUITE 5000	
CITY-ST-ZIP MANCHESTER, NH 03101	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME GIBBS, DENNIS	
STREET ADDRESS 250 COMMERCIAL STREET	
CITY-ST-ZIP MANCHESTER, NH 03101	
TITLE AS	<input checked="" type="checkbox"/> Delete
NAME BOWDEN, TRACY	
STREET ADDRESS 5205 N. O'CONNOR BLVD	
CITY-ST-ZIP IRVING, TX 75039	
TITLE SVP	<input type="checkbox"/> Delete
NAME Sharlene Husky	
STREET ADDRESS 10777 Westheimer Ste 5 South	
CITY-ST-ZIP Houston, TX 77042	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-11

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Marc J Adee	
STREET ADDRESS 10777 Westheimer Rd., Ste 5 South	
CITY-ST-ZIP Houston, TX 77042	
TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Nicole Bennett	
STREET ADDRESS SAME AS ABOVE	
CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Linda Eppolito	
STREET ADDRESS SAME AS ABOVE	
CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Loyd Godbold	
STREET ADDRESS SAME AS ABOVE	
CITY-ST-ZIP	
TITLE AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Eileen McCollum	
STREET ADDRESS SAME AS ABOVE	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-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:

Eileen McCollum **EILEEN MCCOLLUM** 7/19/04 713-754-8360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Fairmont

Specialty Group

a FAIRFAX company

Attachment

54063576

#815168

July 8, 2004

Florida Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: TIG Premier Insurance Company
2004 Annual Report

Dear Sir or Madam:

Enclosed please find 2004 Annual Report for the subject company along with a check in the amount of \$150.00.

Should you have any questions or need anything further, please feel free to contact me at the above address or directly at 713-954-8360.

Sincerely,



Eileen McCollum
Paralegal

-ECM

Enclosures

the above information is for your information only. It is not intended to be used for any other purpose. If you have any questions or need anything further, please feel free to contact me at the above address or directly at 713-954-8360.