2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#815168

Entity Name: TIG PREMIER INSURANCE COMPANY

FILED Feb 20, 2003 Secretary of State

Current Principal Place of Business:			New Prin	New Principal Place of Business:	
5205 N. O'CONNOR BLVD. IRVING, TX 75039 US					
Current Mailing Address:			New Mail	New Mailing Address:	
P.O. BOX 152870 IRVING, TX 75015 US					
FEI Number: 9	94-0781581	FEI Number Applied For ()	FEI Number Not App	olicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
INSURANCE COMMISSIONER STATE CAPITOL, PLAZA LEVEL ELEVEN TALLAHASSEE, FL 323997300 US					
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:					
	Electronic	Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	PD () E SMITH, COURTN 5205 N. O'CONNO IRVING, TX 7503	OR BLVD	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition DONOVAN, SCOTT 5205 N. O'CONNOR BLVD IRVING, TX 75039	
Title: Name: Address: City-St-Zip:	VSD () E HUFF, WILLIAM I 5205 N. O'CONNO IRVING, TX		Title: Name: Address: City-St-Zip:	SD (X) Change () Addition GILLETT, WILLIAM 250 COMMERCIAL STREET, SUITE 5000 MANCHESTER, NH 03101	
Title: Name: Address: City-St-Zip:	T () E ARIZAGA, NICOL 5205 N. O'CONNO IRVING, TX 7503	OR BLVD	Title: Name: Address: City-St-Zip:	TD (X) Change () Addition SLUKA, MICHAEL 250 COMMERCIAL STREET, SUITE 5000 MANCHESTER, NH 03101	
Title: Name: Address: City-St-Zip:	D () E DONOVAN, R. SC 5205 N. O'CONNO IRVING, TX 7503	OR BLVD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition GIBBS, DENNIS 250 COMMERCIAL STREET MANCHESTER, NH 03101	
Title: Name: Address: City-St-Zip:	DM () E MAGEE, JOHN C 5205 N. O'CONNO IRVING, TX 7503	OR BLVD	Title: Name: Address: City-St-Zip:	AS (X) Change () Addition BOWDEN, TRACY 5205 N. O'CONNOR BLVD IRVING, TX 75039	
Title: Name: Address: City-St-Zip:	DM (X) E FONTEIN, FREDE 5205 N. O'CONNO IRVING, TX 7503	OR BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY BOWDEN AS 02/20/2003