

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 # 851978 (7)

1. Corporation Name

TIG INDEMNITY COMPANY

Principal Place of Business

444 MARKET ST
SAN FRANCISCO CA 94111
US

Mailing Address

5205 N. O'CONNOR
IRVING TX 75039
US



3. Date Incorporated or Qualified
02/26/1982

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number
95-1429618

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FLORIDA STATE INSURANCE COMMISSIONER
STATE CAPITOL PLAZA LEVEL ELEVEN
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

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 board if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HUTSON, DON D
STREET ADDRESS 5205 N. O'CONNOR BLVD.
CITY-STATE-ZIP IRVING TX ☐ DELETE

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

TITLE VD
NAME SCHOLL, DAVID C
STREET ADDRESS 5205 N. O'CONNOR BLVD.
CITY-STATE-ZIP IRVING TX ☐ DELETE

TITLE VD
NAME PICKETT, EDWIN G
STREET ADDRESS 5205 N. O'CONNOR BLVD.
CITY-STATE-ZIP IRVING TX ☐ DELETE

TITLE T
NAME ABOOD, DENISE M.
STREET ADDRESS 5205 N. O'CONNOR BLVD.
CITY-STATE-ZIP IRVING TX ☒ DELETE

TITLE D
NAME ROTENSTREICH, JON W.
STREET ADDRESS 65 E. 55TH ST.
CITY-STATE-ZIP NEW YORK NY ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE V ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE T ☐ Change ☒ Addition
5.2 NAME CROWELL, STEVEN R.
5.3 STREET ADDRESS 5205 N. O'CONNOR BLVD.
5.4 CITY-STATE-ZIP IRVING, TX 75039

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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

W. H. Huff, III

3/1/96

(214) 881-5000

CR2E034 (12/95)