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FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 Mailing Address
444 MARKET ST 5205 N. O'CONNOR
SAN FRANCISCO CA 94111 IRVING TX 75039
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 650 California Street		25 Suite, Apt. #, etc.		02/26/1982	
22 2nd Floor		27 City & State		4. FEI Number	
23 San Francisco, Ca		28 City & State		95-1429618	
24 94108		29 US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	HUTSON, DON D	1.2 NAME	Hennessy, Mary R.
STREET ADDRESS	5205 N. O'CONNOR BLVD.	1.3 STREET ADDRESS	65 E. 55th Street
CITY-ST-ZIP	IRVING TX	1.4 CITY-ST-ZIP	New York, NY
TITLE	VSD	2.1 TITLE	
NAME	HUFF, WILLIAM H III	2.2 NAME	
STREET ADDRESS	5205 N. O'CONNOR BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	SCHOLL, DAVID C	3.2 NAME	
STREET ADDRESS	5205 N. O'CONNOR BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	PICKETT, EDWIN G	4.2 NAME	
STREET ADDRESS	5205 N. O'CONNOR BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	CROWELL, STEVEN R	5.2 NAME	
STREET ADDRESS	5205 N O'CONNER BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	ROTENSTREICH, JON W.	6.2 NAME	
STREET ADDRESS	65 E. 55TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	

14. 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 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]

William H. Huff, III, 4/13/98, 5205 N. O'CONNOR BLVD., IRVING, TX 75039

CR2E034 (10/97)