

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 851978

1. Entity Name
TIG INDEMNITY COMPANY

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90131 015 ***150.00

Principal Place of Business

Mailing Address

650 CALIFORNIA STREET
2ND FLOOR
SAN FRANCISCO CA 94108
US

5205 N. O'CONNOR
IRVING TX 75039
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **95-1429618**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HENNESSY, MARY R.	
STREET ADDRESS	65 E. 55TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HUFF, WILLIAM H III	
STREET ADDRESS	5205 N. O'CONNOR BLVD.	
CITY-ST-ZIP	IRVING TX	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SCHOLL, DAVID C	
STREET ADDRESS	5205 N. O'CONNOR BLVD.	
CITY-ST-ZIP	IRVING TX	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SWANSON, JOHN D	
STREET ADDRESS	5205 N. O'CONNOR BLVD.	
CITY-ST-ZIP	IRVING TX 75039	
TITLE	T	<input type="checkbox"/> Delete
NAME	ARIZAGA, NICOLAS A	
STREET ADDRESS	5205 N O'CONNER BLVD	
CITY-ST-ZIP	IRVING TX 75039	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROTENSTREICH, JON W.	
STREET ADDRESS	65 E. 55TH ST.	
CITY-ST-ZIP	NEW YORK NY	

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Courtney C. Smith	
STREET ADDRESS	5205 N. O'Connor Blvd.	
CITY-ST-ZIP	Irving, Texas 75039	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	R. Scott Donovan	
STREET ADDRESS	5205 N. O'Connor Blvd.	
CITY-ST-ZIP	Irving, Texas 75039	
TITLE	D/M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank C. Taylor	
STREET ADDRESS	5205 N. O'Connor Blvd.	
CITY-ST-ZIP	Irving, Texas 75039	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frederik M. Fontein	
STREET ADDRESS	5205 N. O'Connor Blvd.	
CITY-ST-ZIP	Irving, Texas 75039	

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

2/4/00

Date

(972) 831-6248

Daytime Phone #

CR2E034 (9/99)