
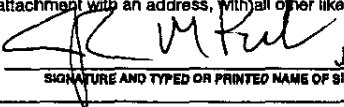


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90001 043 \*\*\*550.00

<b>DOCUMENT # 851978</b>					
<b>1. Entity Name</b> TIG INDEMNITY COMPANY					
<b>Principal Place of Business</b> 5205 N O'CONNOR BLVD IRVING, TX 75039 US			<b>Mailing Address</b> PO BOX 152870 IRVING, TX 75015 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07062004    Chg-P    CR2E034 (10/03)	
<b>4. FEI Number</b> 95-1429618				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P D DONOVAN, SCOTT 5205 N O'CONNOR BLVD IRVING, TX 75039	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	S D GILLET, WILLIAM 250 COMMERCIAL STREET, SUITE 5000 MANCHESTER, NH 03101	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D GIBBS, DENNIS 250 COMMERCIAL STREET, SUITE 5000 MANCHESTER, NH 03101	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D T SLUKA, MICHAEL 250 COMMERCIAL STREET, SUITE 5000 MANCHESTER, NH 03101	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	AS BOWDEN, TRACY 5205 N O'CONNOR BLVD IRVING, TX 75039	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D V Anderson, Robert 851 Napa Valley Corporate Way, Suite N Napa, CA 94558	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D/Sr.V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> 		Secretary, Sr.VP John M. Parker, General Counsel		July , 2004 (603) 656-2264	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

**TIG Indemnity Company**  
**Document # 851978**  
**Attachment to Item 10.**

Attachment  
54067308  
# 851978

Title: D/CEO  
Name: Stephen N. Brett  
Street Address: 851 Napa Valley Corporate Way, Suite N  
City-ST-ZIP: Napa, CA 94558

Title: D  
Name: Barbara L. Gray  
Street Address: 851 Napa Valley Corporate Way, Suite N  
City-ST-ZIP: Napa, CA 94558

Title: D/S/Sr.V/General Counsel  
Name: John M. Parker  
Street Address: 250 Commercial Street, Suite 5000  
City-ST-ZIP: Manchester, NH 03101

Title: Sr.V  
Name: Frank DeMaria  
Street Address: 250 Commercial Street, Suite 5000  
City-ST-ZIP: Manchester, NH 03101

Title: V  
Name: John Cassil  
Street Address: 5205 N. O'Connor Blvd.  
City-ST-ZIP: Irving, TX 75039

Title: V  
Name: Steven Javinsky  
Street Address: 5205 N. O'Connor Blvd.  
City-ST-ZIP: Irving, TX 75039

Title: V  
Name: Wes Neeley  
Street Address: 5205 N. O'Connor Blvd.  
City-ST-ZIP: Irving, TX 75039

Title: V  
Name: David Ostrowski  
Street Address: 250 Commercial Street, Suite 5000  
City-ST-ZIP: Manchester, NH 03101

Title: V  
Name: Keith Walker  
Street Address: 5205 N. O'Connor Blvd.  
City-ST-ZIP: Irving, TX 75039