
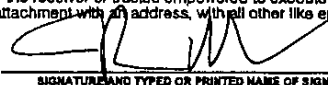


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90258 002 ***150.00

DOCUMENT # 851978					
1. Entity Name TIG INDEMNITY COMPANY					
Principal Place of Business 5205 N O'CONNOR BLVD IRVING, TX 75039 US			Mailing Address PO BOX 152870 IRVING, TX 75015 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 <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
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 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D DONOVAN, SCOTT 5205 N O'CONNOR BLVD IRVING, TX 75039 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBS, DENNIS 250 COMMERCIAL STREET, SUITE 5000 MANCHESTER, NH 03101 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDCV SLUKA, MICHAEL 250 COMMERCIAL STREET, SUITE 5000 MANCHESTER, NH 03101 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSrVP Sluka, Michael 250 Commercial Street, Suite 5000 Manchester, NH 03101 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition title incorrect		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BAKER, JAMES C 5205 N O'CONNOR BLVD IRVING, TX 75039 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
SIGNATURE: 		John M. Parker, SrVP, Sec & GC		603-656-2264	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40033333



02162006 Chg-P CR2E034 (11/05)

ATTACHMENT

TIG Indemnity Company – Document #851978
Attachment #1 to Item 10

40039599

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

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

Title: VP
Name: John Cassil
5205 N. O'Connor Boulevard
Irving, TX 75039

Title: D/CEO
Name: Robert Anderson
Address: 851 Napa Valley Corporate Way, Suite N
Napa, CA 94558

Title: AVP/Controller
Name: Joseph Zampella
Address: 250 Commercial Street, Suite 5000
Manchester, NH 03101

Title: D/CFO/T
Name: Barbara L. Gray
Address: 851 Napa Valley Corporate Way, Suite N
Napa, CA 94558

Title: VP/Chief Actuary
Name: Dave Ostrowski
Address: 250 Commercial Street, Suite 5000
Manchester, NH 03101

Title: AS
Name: James C. Baker
Address: 5205 N. O'Connor Boulevard
Irving, TX 75039

ATTACHMENT

TIG Indemnity Company - Document #851978
Attachment #1 to Item 10

40039599

Title: D
Name: Donn Belzer
Address: 25000 Country Club Boulevard Suite 258
North Olmsted, OH 44070

Title: AS
Name: Sherryl R. Scott
Address: 250 Commercial Street, Suite 5000
Manchester, NH 03101

Title: AS
Name: Erica Arnold
Address: 5205 North O'Connor Boulevard
Irving, TX 75039