

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90015 003 \*\*\*150.00

40055498



01252007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # 851978</b> 1. Entity Name <b>TIG INDEMNITY COMPANY</b>					
Principal Place of Business <b>5205 N O'CONNOR BLVD</b> <b>IRVING, TX 75039 US</b>			Mailing Address <b>PO BOX 152870</b> <b>IRVING, TX 75015 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. <b>250 Commercial Street, Suite 5000</b>		Suite, Apt. #, etc. <b>250 Commercial Street, Suite 5000</b>			
City & State <b>Manchester, NH</b>		City & State <b>Manchester, NH</b>		4. FEI Number <b>95-1429618</b>	
Zip <b>03101</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER</b> <b>P O BOX 6200 (32314-6200)</b> <b>200 E. GAINES ST</b> <b>TALLAHASSEE, FL 32399-0000</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing 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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D DONOVAN, SCOTT 5205 N O'CONNOR BLVD IRVING, TX 75039	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P / D Gillett, William J. 250 Commercial Street, Suite 5000 Manchester, NH 03101
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<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
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP SLUKA, MICHAEL 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
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S / Sr VP / Gen Counsel Ehrlich, Charles G. 250 Commercial Street, Suite 5000 Manchester, NH 03101		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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.					
<b>SIGNATURE:</b>		Sherryl R. Scott, AS		4/7/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		603-656-2200	
Daytime Phone #					

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Title: D/Sr. VP  
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 / AS  
Name: John K. Cassil  
2850 Lake Vista Drive, Suite 150  
Lewisville, TX 75067

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

Title: AS  
Name: Erica Arnold  
Address: 2850 Lake Vista Drive, Suite 150  
Lewisville, TX 75067

TIG Indemnity Company - Document #851978  
Attachment #1 to Item 11

ATTACHMENT

40055498

Title: AS  
Name: Mersini Caron  
Address: 2850 Lake Vista Drive, Suite 150  
Lewisville, TX 75067

Title: AS  
Name: Thomas Yu  
Address: 2850 Lake Vista Drive, Suite 150  
Lewisville, TX 75067