

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P14660 (5)

1. Corporation Name

TIG REINSURANCE COMPANY



Principal Place of Business

Mailing Address

C/O STEPHEN G. FRANKS  
300 FIRST STAMFORD PLACE  
STAMFORD CT 06902

C/O STEPHEN G. FRANKS  
300 FIRST STAMFORD PLACE  
STAMFORD CT 06902

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

06/01/1987

3a. Date of Last Report

05/01/1995

4. FEI Number

47-0698507

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

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 state if acceptable

(NOTE: Registered Agent signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HINCKLY, MARK W.  
STREET ADDRESS 300 FIRST STAMFORD PL  
CITY-STATE-ZIP STAMFORD CT

TITLE D ☐ DELETE

NAME HUTSON, DON D.  
STREET ADDRESS 5205 NORTH O'CONNOR BOULEVARD  
CITY-STATE-ZIP IRVING TE

TITLE C ☐ DELETE

NAME CLARK, WILLIAM G.  
STREET ADDRESS 300 FIRST STAMFORD PLACE  
CITY-STATE-ZIP STAMFORD CT

TITLE VT ☐ DELETE

NAME FRANKS, STEPHEN G.  
STREET ADDRESS 300 FIRST STAMFORD PLACE  
CITY-STATE-ZIP STAMFORD CT

TITLE P ☐ DELETE

NAME MILLETTE, EDWIN M.  
STREET ADDRESS 300 FIRST STAMFORD PLACE  
CITY-STATE-ZIP STAMFORD CT

TITLE SD ☐ DELETE

NAME HUFF III, WILLIAM H.  
STREET ADDRESS 5205 NORTH O'CONNOR BOULEVARD  
CITY-STATE-ZIP IRVING TE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☐ Change ☒ Addition

1.2 NAME DELMAR KIM SUMMY  
1.3 STREET ADDRESS 300 FIRST STAMFORD PLACE  
1.4 CITY-STATE-ZIP STAMFORD, CT 06902

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

DELMAR KIM SUMMY VICE PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96

203-9778083

CR2E034 (12/95)