

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 DEC -2 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P14660

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

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~C/O PAUL M. TERRERI~~
300 FIRST STAMFORD PLACE

~~C/O PAUL M. TERRERI~~
300 FIRST STAMFORD PLACE

City & State
STAMFORD, CT

City & State
STAMFORD, CT

Zip Country
06902 USA

Zip Country
06902 USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/1987

5. FEI Number

47-0698507

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|----------------------|---|--|---------------------------------------|
| B VD | HINKLEY, MARK W. HINKLEY, MARK W. | 300 FIRST STAMFORD PL 300 FIRST STAMFORD PLACE | STAMFORD CT STAMFORD CT |
| D | HUTSON, DON D. | 5205 NORTH O'CONNOR BOULEVARD | IRVING TE |
| C VS | CLARK, WILLIAM G. QUINN, ANNE M. | 300 FIRST STAMFORD PLACE 300 FIRST STAMFORD PLACE | STAMFORD CT STAMFORD CT |
| VT VTD | FRANKS, STEPHEN G. JACKSON, ROLAND W. | 300 FIRST STAMFORD PLACE 300 FIRST STAMFORD PLACE | STAMFORD CT STAMFORD CT |
| P PD | MILLETTE, EDWIN M. WACEK, MICHAEL G. | 300 FIRST STAMFORD PLACE 300 FIRST STAMFORD PLACE | STAMFORD CT STAMFORD CT |
| SB VD | HUFF III, WILLIAM H. | 5205 NORTH O'CONNOR BOULEVARD | IRVING TE |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

800002705308--3

Suite, Apt. #, Etc.

12/07/98-01160-023

City

****750.00

****750.00

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #