FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P14660

TIG REINSURANCE COMPANY

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90043 036 ***150.00



Principal Place of Business	Mailing Address				i fåðirðat far tráur asara derin dreir dætt deng arast arast afætt afætt ætter denge arast ætidet fætt					
/O PAUL M. TERERI 10 FIRST STAMFORD PLACE TAMFORD CT 06902		C/O PAUL M. TERER! 300 FIRST STAMFORD PLACE STAMFORD CT 06902		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/01/1987						
2. Principal Place of Business		2a. Mailing Address				FEI Number		Applied For		
1 ·		3			4	17-0698507		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Added to Fee					
Zip 4	Country 29	ı ¯' — — —	untry			This corporation owes the current year le Personal Property Tax.	☐Yes	ØNo		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301			81 82							
			83							
			84	City		FI	L 85	Zip Code		
office or registered agen	t, or both, in the State of Flo	607.1508, Florida Statutes, the a rida. Such change was authorize of, Section 607.0505, Florida Sta	d by i	the corporation	ration n's bo	submits this statement for the purpose of ard of directors. I hereby accept the appoint	f changin pintment a	g its registered as registered		

SIGNATURE Signature, hybed or printed name of registered layers and title if applicable. MOTE Registered Aquent signature required when rematability) DATE	agent. I a	m familiar with, and accept the obligations of, Sect	ion 607.0505, Florid	a Statutes.		•						
12.	SIGNATURE	Classical and a second and a second page data of south	able (NOTE: De	onistered Ament signature	equired when reinstating)	DATE						
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CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME			6.2 NAME								
LIT-51-2P	STREET ADDRESS		1	6.3 STREET ADDRESS								
	CITY-ST-ZIP											

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 informatic 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 so an attachment with an address, with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-99

203-9778069