

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 03 1997 8:00am
Secretary of State

DOCUMENT # P36075 (0)

1. Corporation Name
TIG INSURANCE CORPORATION OF AMERICA



Principal Place of Business
70 WEST MICHIGAN AVENUE
BATTLE CREEK MI 49017
US

Mailing Address
70 WEST MICHIGAN AVENUE
BATTLE CREEK MI 49017
US

3. Date Incorporated or Qualified
10/23/1991

3a. Date of Last Report
03/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

26 P.O. Box 152870
27 Suite, Apt. #, etc.
28 Irving, TX
29 Zip
30 US

4. FEI Number
71-0238628

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
STATE CAPITOL PLAZA LEVEL ELEVEN
TALLAHASSEE FL 32399-0300

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HUTSON, DON D
STREET ADDRESS 5205 N. O'CONNOR BLVD.
CITY-ST-ZIP IRVING TX

TITLE EVPD
NAME COTTER, HARRY B.
STREET ADDRESS 70 W MICHIGAN AVE
CITY-ST-ZIP BATTLE CREEK MI

TITLE VSD
NAME HUFF, WILLIAM H III
STREET ADDRESS 5205 N. O'CONNOR BLVD.
CITY-ST-ZIP IRVING TX

TITLE V
NAME SCHOLL, DAVID C
STREET ADDRESS 5205 N. O'CONNOR BLVD.
CITY-ST-ZIP IRVING TX

TITLE VPD
NAME DILLARD, JOAN H
STREET ADDRESS 70 W MICHIGAN AVE.
CITY-ST-ZIP BATTLE CREEK MI

TITLE VD
NAME PICKETT, EDWIN G
STREET ADDRESS 5205 N. O'CONNOR BLVD.
CITY-ST-ZIP IRVING TX

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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: William H. Huff, III 1/28/97 (972)831-6248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)