

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

FILED  
Apr 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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  
**PO BOX 152870  
IRVING TX 75015  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/23/1991</b>	
4. FEI Number <b>71-0238628</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>N/A</b>	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State	28 City & State
23 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

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	1.1 TITLE	PD
NAME	HUTSON, DON D	1.2 NAME	Hennessy, Mary R.
STREET ADDRESS	5205 N. O'CONNOR BLVD.	1.3 STREET ADDRESS	65 E. 55th St.
CITY-ST-ZIP	IRVING TX	1.4 CITY-ST-ZIP	New York, NY
TITLE	VPD	2.1 TITLE	D
NAME	COTTER, HARRY B.	2.2 NAME	Rotenstreich, Jon W.
STREET ADDRESS	70 W MICHIGAN AVE	2.3 STREET ADDRESS	65 E. 55th St.
CITY-ST-ZIP	BATTLE CREEK MI	2.4 CITY-ST-ZIP	New York, NY
TITLE	VSD	3.1 TITLE	
NAME	HUFF, WILLIAM H III	3.2 NAME	
STREET ADDRESS	5205 N. O'CONNOR BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	SCHOLL, DAVID C	4.2 NAME	
STREET ADDRESS	5205 N. O'CONNOR BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	4.4 CITY-ST-ZIP	
TITLE	VPD	5.1 TITLE	VPD
NAME	DILLARD, JOAN H	5.2 NAME	Chase, Jay J.
STREET ADDRESS	70 W MICHIGAN AVE.	5.3 STREET ADDRESS	5205 N. O'Connor Blvd.
CITY-ST-ZIP	BATTLE CREEK MI	5.4 CITY-ST-ZIP	Irving, TX
TITLE	VD	6.1 TITLE	
NAME	PICKETT, EDWIN G	6.2 NAME	
STREET ADDRESS	5205 N. O'CONNOR BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	IRVING TX	6.4 CITY-ST-ZIP	

14. 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 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.

CR2E034 (10/97)