

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90131 017 ***150.00

DOCUMENT # P36075

1. Entity Name

TIG INSURANCE CORPORATION OF AMERICA

Principal Place of Business

Mailing Address

70 WEST MICHIGAN AVENUE
 BATTLE CREEK MI 49017
 US

PO BOX 152870
 IRVING TX 75015-2870
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

71-0238628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
 NAME HENNESSY, MARY R
 STREET ADDRESS 65 E 55TH STREET
 CITY-ST-ZIP NEW YORK NY

TITLE PD ☐ Change ☒ Addition
 NAME Courtney C. Smith
 STREET ADDRESS 5205 N. O'Connor Blvd.
 CITY-ST-ZIP Irving, Tx 75039

TITLE D ☒ Delete
 NAME ROTENSTREICH, JON W.
 STREET ADDRESS 65 E 55TH STREET
 CITY-ST-ZIP NEW YORK NY

TITLE T ☐ Change ☒ Addition
 NAME Nicolas A. Arizaga
 STREET ADDRESS 5205 N. O'Connor Blvd.
 CITY-ST-ZIP Irving, TX 75039

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE D ☐ Change ☒ Addition
 NAME R. Scott Donovan
 STREET ADDRESS 5205 N. O'Connor Blvd.
 CITY-ST-ZIP Irving, Tx 75039

TITLE VD ☒ Delete
 NAME CHASE, JAY J.
 STREET ADDRESS 5205 N. O'CONNOR BLVD.
 CITY-ST-ZIP IRVING TX

TITLE DM ☐ Change ☒ Addition
 NAME Frank C. Taylor
 STREET ADDRESS 5205 N. O'Connor Blvd.
 CITY-ST-ZIP Irving, TX 75039

TITLE VD ☒ Delete
 NAME DAVIS, JAMES S
 STREET ADDRESS 5205 N. O'CONNOR BLVD.
 CITY-ST-ZIP IRVING TX 75039

TITLE DM ☐ Change ☒ Addition
 NAME Frederik M. Fontein
 STREET ADDRESS 5205 N. O'Connor Blvd.
 CITY-ST-ZIP Irving, TX 75039

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William H. Huff, III

2/4/00

Date

(972)831-6248

Daytime Phone #

CR2E034 (9/99)