

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90161 031 ***150.00

061163 AT

DOCUMENT # P36075

1. Entity 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**

2. Principal Place of Business

2121 University Park Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 180

City & State

Okemos, MI

City & State

4. FEI Number

71-0238628

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2002 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

TITLE ☐ Delete
 NAME **PD SMITH, COURTNEY C**
 STREET ADDRESS **5205 N O'CONNOR BLVD**
 CITY-ST-ZIP **IRVING TX 75039**

TITLE ☐ Delete
 NAME **T ARIZAGA, NICOLAS A**
 STREET ADDRESS **5205 N O'CONNOR BLVD**
 CITY-ST-ZIP **IRVING TX 75039**

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

TITLE ☐ Delete
 NAME **D DONOVAN, SCOTT R**
 STREET ADDRESS **5205 N. O'CONNOR BLVD.**
 CITY-ST-ZIP **IRVING TX 75039**

TITLE ☒ Delete
 NAME **DM TAYLOR, FRANK C**
 STREET ADDRESS **5205 N. O'CONNOR BLVD.**
 CITY-ST-ZIP **IRVING TX 75039**

TITLE ☐ Delete
 NAME **DM FONTEIN, FREDERIK M**
 STREET ADDRESS **5205 N O'CONNOR BLVD**
 CITY-ST-ZIP **IRVING TX 75039**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☒ Addition
 NAME **DM McClimon, Lon P.**
 STREET ADDRESS **5205 N. O'Connor Blvd**
 CITY-ST-ZIP **Irving, TX 75039**

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

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 REQUIRED

William H. Huff, III

01/28/02

(972)831-6248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)