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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P36076 (8)

1. Corporation Name
TIG INSURANCE COMPANY OF MICHIGAN

Principal Place of Business
70 WEST MICHIGAN AVENUE
BATTLE CREEK MI 49017-3606

Mailing Address
70 WEST MICHIGAN AVENUE
BATTLE CREEK MI 49017-3606



3. Date Incorporated or Qualified 10/23/1991
3a. Date of Last Report 02/14/1996

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. Box 152870
Suite, Apt #, etc.

27 City & State

28 Irving, TX

29 Zip Country

75015 30 US

4. FEI Number

38-1184490

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

INSURANCE COMMISSIONER
STATE CAPITOL, PLAZA LEVEL ELEVEN
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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)