

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 48017-3606

Mailing Address
PO BOX 152870
IRVING TX 75015
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/23/1991

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	38-1184490	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

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

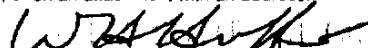
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	1.1 TITLE
NAME	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS
CITY-ST-ZIP	1.4 CITY-ST-ZIP
PD HUTSON, DON D <input checked="" type="checkbox"/> DELETE	PD Hennessy, Mary R. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5205 N. O'CONNOR BLVD.	65 East 55th Street
IRVING TX	New York, NY
TITLE	2.1 TITLE
NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS
CITY-ST-ZIP	2.4 CITY-ST-ZIP
VSD HUFF, WILLIAM H III <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5205 N. O'CONNOR BLVD.	
IRVING TX	
TITLE	3.1 TITLE
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	3.4 CITY-ST-ZIP
VD PICKETT, EDWIN G <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5205 N. O'CONNOR BLVD.	
IRVING TX	
TITLE	4.1 TITLE
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP
VP SCHOLL, DAVID C <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5205 N. O'CONNOR BLVD.	
IRVING TX	
TITLE	5.1 TITLE
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP
VPD DILLARD, JOAN H <input checked="" type="checkbox"/> DELETE	D Rotenstreich, Jon W. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
70 W. MICHIGAN AVE.	65 East 55th Street
BATTLE CREEK MI	New York, NY
TITLE	6.1 TITLE
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	6.4 CITY-ST-ZIP
VPD COTTER, HARRY B. <input checked="" type="checkbox"/> DELETE	DV Chase, Jay J. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
70 W. MICHIGAN AVE.	5205 N. O'Connor Blvd.
BATTLE CREEK MI	Irving, Texas

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.

SIGNATURE:



William H. Huff, III 4/13/98

972-831-5000

CR2E034 (10/97)