

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P36076**

1. Corporation Name

**TIG INSURANCE COMPANY OF MICHIGAN**

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

Mailing Address

**PO BOX 152870  
IRVING TX 75015  
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

**10/23/1991**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	HENNESSY, MARY R.
STREET ADDRESS	65 EAST 55TH STREET
CITY-ST-ZIP	NEW YORK NY
TITLE	VSD <input type="checkbox"/> DELETE
NAME	HUFF, WILLIAM H III
STREET ADDRESS	5205 N. O'CONNOR BLVD.
CITY-ST-ZIP	IRVING TX
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	PICKETT, EDWIN G
STREET ADDRESS	5205 N. O'CONNOR BLVD.
CITY-ST-ZIP	IRVING TX
TITLE	VP <input type="checkbox"/> DELETE
NAME	SCHOLL, DAVID C
STREET ADDRESS	5205 N. O'CONNOR BLVD.
CITY-ST-ZIP	IRVING TX
TITLE	D <input type="checkbox"/> DELETE
NAME	ROTENSTREICH, JON W.
STREET ADDRESS	65 EAST 55TH STREET
CITY-ST-ZIP	NEW YORK NY
TITLE	DV <input type="checkbox"/> DELETE
NAME	CHASE, JAY J.
STREET ADDRESS	5205 N. O'CONNOR BLVD.
CITY-ST-ZIP	IRVING TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Davis, James S.
3.3 STREET ADDRESS	5205 N. O'Connor Blvd.
3.4 CITY-ST-ZIP	Irving, TX 75039
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99

Date

(972) 831-5000

Daytime Phone #

CR2E034 (11/98)

10411033

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90065 007 \*\*\*150.00



DO NOT WRITE IN THIS SPACE