

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-14-2000 90131 016 ***150.00

DOCUMENT # P36076

1. Entity Name
TIG INSURANCE COMPANY OF MICHIGAN

Principal Place of Business

Mailing Address

**70 WEST MICHIGAN AVENUE
 BATTLE CREEK MI 49017-3606**

**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 **38-1184490**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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**

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	<input checked="" 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	DAVIS, JAMES	
STREET ADDRESS	5205 N. O'CONNOR BLVD.	
CITY-ST-ZIP	IRVING TX 75039	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SCHOLL, DAVID C	
STREET ADDRESS	5205 N. O'CONNOR BLVD.	
CITY-ST-ZIP	IRVING TX	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROTENSTREICH, JON W.	
STREET ADDRESS	65 EAST 55TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	CHASE, JAY J.	
STREET ADDRESS	5205 N. O'CONNOR BLVD.	
CITY-ST-ZIP	IRVING TX	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Courtney C. Smith	
STREET ADDRESS	5205 N. O'Connor Blvd.	
CITY-ST-ZIP	Irving, TX 75039	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nicolas A. Arizaga	
STREET ADDRESS	5205 N. O'Connor Blvd.	
CITY-ST-ZIP	Irving, Tx 75039	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	R. Scott Donovan	
STREET ADDRESS	5205 N. O'Connor Blvd.	
CITY-ST-ZIP	Irving, TX 75039	
TITLE	DM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank c. Taylor	
STREET ADDRESS	5205 N. O'Connor Blvd.	
CITY-ST-ZIP	Irving, TX 75039	
TITLE	DM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

William H. Huff, III

William H. Huff, III

2/4/00

(972)831-6248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)