

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 07, 2001 8:00 am**
Secretary of State

02-07-2001 90198 004 ***150.00

DOCUMENT # P36076

1. Entity 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

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**

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SMITH, COURTNEY C	5205 N O'CONNOR BLVD	IRVING TX 75039	<input type="checkbox"/>
VSD	HUFF, WILLIAM H III	5205 N. O'CONNOR BLVD.	IRVING TX	<input type="checkbox"/>
T	ARIZAGA, NICOLAS A	5205 N. O'CONNOR BLVD.	IRVING TX 75039	<input type="checkbox"/>
D	DONOVAN, R. SCOTT	5205 N. O'CONNOR BLVD.	IRVING TX 75039	<input type="checkbox"/>
DM	TAYLOR, FRANK C	5205 N O'CONNOR BLVD	IRVING TX 75039	<input type="checkbox"/>
DM	Fontein, Frederik M	5205 N. O'CONNOR BLVD.	IRVING TX 75039	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01

Date

(972) 831 6248

Daytime Phone #

CR2E034 (10/00)