


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90001 045 ***550.00

DOCUMENT # P36076	
1. Entity Name TIG INSURANCE COMPANY OF MICHIGAN	

Principal Place of Business 2121 UNIVERSITY PARK DR SUITE 180 OKEMOS, MI 48864 US	Mailing Address PO BOX 152870 IRVING, TX 75015 US
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54067306



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07062004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DONOVAN, SCOTT			NAME			
STREET ADDRESS	5205 N O'CONNOR BLVD			STREET ADDRESS			
CITY-ST-ZIP	IRVING, TX 75039			CITY-ST-ZIP			
TITLE	DS	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILLET, WILLIAM			NAME			
STREET ADDRESS	250 COMMERCIAL STREET, SUITE 5000			STREET ADDRESS			
CITY-ST-ZIP	MANCHESTER, NH 03101			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE	D/T/Sr.V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLUKA, MICHAEL			NAME			
STREET ADDRESS	250 COMMERCIAL STREET, SUITE 5000			STREET ADDRESS			
CITY-ST-ZIP	MANCHESTER, NH 03101			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDREWS, DOUGLAS			NAME			
STREET ADDRESS	5205 N. O'CONNOR BLVD.			STREET ADDRESS			
CITY-ST-ZIP	IRVING, TX 75039			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EHRICH, CHARLES			NAME			
STREET ADDRESS	250 COMMERCIAL STREET, SUITE 5000			STREET ADDRESS			
CITY-ST-ZIP	MANCHESTER, NH 03101			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIBBS, DENNIS			NAME			
STREET ADDRESS	250 COMMERCIAL STREET, SUITE 5000			STREET ADDRESS			
CITY-ST-ZIP	MANCHESTER, NH 03101			CITY-ST-ZIP			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Secretary, Sr. V.P.
John M. Parker, General Counsel July , 2004 (603) 656-2264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

attachment

TIG Insurance Company of Michigan

Document #P36076

Attachment to Item 10.

54067306

Title: D
Name: Robert L. Gossett
Street Address: 250 Commercial Street, Suite 5000
City-ST-ZIP: Manchester, NH 03101

Title: D
Name: Barbara W. Lyle
Street Address: 5205 N. O'Connor Blvd.
City-ST-ZIP: Irving, TX 75039

Title: D/S/Sr.V/General Counsel
Name: John M. Parker
Street Address: 250 Commercial Street, Suite 5000
City-ST-ZIP: Manchester, NH 03101

Title: D
Name: Robert D. Warren
Street Address: 250 Commercial Street, Suite 5000
City-ST-ZIP: Manchester, NH 03101

Title: D
Name: Ronald Raymond Willmarth
Street Address: 2121 University Park Dr., Suite 180
City-ST-ZIP: Okemos, MI 48864

Title: Sr.V
Name: Frank DeMaria
Street Address: 250 Commercial Street, Suite 5000
City-ST-ZIP: Manchester, NH 03101

Title: V
Name: David Ostrowski
Street Address: 250 Commercial Street, Suite 5000
City-ST-ZIP: Manchester, NH 03101