


**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90243 032 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # 804275</b>					
1. Entity Name TIG INSURANCE COMPANY					
Principal Place of Business 5205 N O'CONNOR BLVD IRVING, TX 75039 US			Mailing Address P.O. 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		Country		Country	
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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<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	CFO	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLUKA, MICHAEL		NAME	D/CFO/T/Sr. V	
STREET ADDRESS	250 COMMERCIAL STREET, SUITE 5000		STREET ADDRESS		
CITY-ST-ZIP	MANCHESTER, NH 03101		CITY-ST-ZIP		
TITLE	DSRV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EHRlich, CHARLES		NAME		
STREET ADDRESS	250 COMMERCIAL STREET, SUITE 5000		STREET ADDRESS		
CITY-ST-ZIP	MANCHESTER, NH 03101		CITY-ST-ZIP		
TITLE	DCEO	<input type="checkbox"/> Delete	TITLE	<input 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		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
Secretary, Sr. V.P.					
<b>SIGNATURE:</b> _____		John M. Parker, General Counsel		April 27, 2005 603-656-2264	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

14008969



04182005 Chg-P CR2E034 (10/03)

4. FEI Number **94-1517098** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

FL

Zip Code

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TIG Insurance Company – Document #804275  
Attachment #1 to Item 10

ATTACHMENT

14008969

Title: D/Sr.V  
Name: Robert L. Gossett  
Address: 250 Commercial Street, Suite 5000  
Manchester, NH 03101

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

Title: Sr. V  
Name: Henry W. Edmiston  
Address: 5205 North O'Connor Boulevard  
Irving, TX 75039-8810

Title: Sr. V  
Name: Robert D. Warren  
Address: 250 Commercial Street, Suite 5000  
Manchester, NH 03101

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

Title: V  
Name: Nina L. Caroselli  
Address: 250 Commercial Street, Suite 5000  
Manchester, NH 03101

Title: V  
Name: Robert B. Carpenter  
Address: 5205 N. O'Connor Boulevard  
Irving, TX 75039

Title: V  
Name: Carlos DelCarpio  
Address: 250 Commercial Street, Suite 5000  
Manchester, NH 03101

Title: V  
Name: Richard F. Coerver IV  
Address: 5205 N. O'Connor Boulevard  
Irving, TX 75039

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1400 8969

Title: V  
Name: Terrence Couchman  
Address: 1550 Valley Center Parkway, Suite 180  
Bethlehem, PA 18017-2272

Title: V  
Name: Richard J. Fabian  
Address: 250 Commercial Street, Suite 5000  
Manchester, NH 03101

Title: V  
Name: Steven Falk  
Address: 250 Commercial Street, Suite 5000  
Manchester, NH 03101

Title: V  
Name: Robert S. Knowles  
Address: 5205 N. O'Connor Boulevard  
Irving, TX 75039

Title: V  
Name: Adeline Haft  
Address: 5205 N. O'Connor Boulevard  
Irving, TX 75039

Title: V  
Name: Suzanne Ladouceur  
Address: 777 Arnold Street, Suite 200  
Martinez, CA 94553

Title: V  
Name: James G. O'Brien  
Address: 125 S. Wacker Drive  
Chicago, IL 60606

Title: V  
Name: Thomas L. Wiese  
Address: 5205 N. O'Connor Boulevard  
Irving, TX 75039

Title: V  
Name: Thomas Wilczek  
Address: 250 Commercial Street, Suite 5000  
Manchester, NH 03101

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#804275

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Title: V  
Name: Michael Westover  
Address: 250 Commercial Street, Suite 5000  
Manchester, NH 03101

Title: V/Chief Actuary  
Name: Dave Ostrowski  
Address: 250 Commercial Street, Suite 5000  
Manchester, NH 03101

Title: AVP  
Name: John Biddar, Jr.  
Address: Villas of Fairway Woods  
12416 Long Street  
Overland, KS 66213

Title: AVP  
Name: Robert S. Kant  
Address: 250 Commercial Street, Suite 5000  
Manchester, NH 03101

Title: AVP/Controller  
Name: Joseph Zampella  
Address: 250 Commercial Street, Suite 5000  
Manchester, NH 03101

Title: AS  
Name: James C. Baker  
Address: 5205 N. O'Connor Boulevard  
Irving, TX 75039

Title: AS  
Name: John K. Cassil  
Address: 5205 N. O'Connor Boulevard  
Irving, TX 75039

Title: AS  
Name: Steven Javinsky  
Address: 5205 N. O'Connor Boulevard  
Irving, TX 75039

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Title: AS  
Name: Sherryl R. Scott  
Address: 250 Commercial Street, Suite 5000  
Manchester, NH 03101

Title: AS  
Name: Keith P. Walker  
Address: 5205 N. O'Connor Boulevard  
Irving, TX 75039