
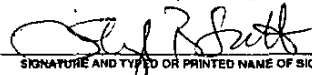


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90015 004 ***150.00

DOCUMENT # 804275			
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. 250 Commercial Street, Suite 5000		Suite, Apt. #, etc. 250 Commercial Street, Suite 5000	
City & State Manchester, NH		City & State Manchester, NH	
Zip 03101	Country USA	Zip 03101	Country USA
4. FEI Number 94-1517098		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONOVAN, SCOTT <input checked="" type="checkbox"/> Delete 5205 N O'CONNOR BLVD IRVING, TX 75039	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gillett, William J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 250 Commercial Street, Suite 5000 Manchester, NH 03101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO SLUKA, MICHAEL <input type="checkbox"/> Delete 250 COMMERCIAL STREET, SUITE 5000 MANCHESTER, NH 03101	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSRV EHRlich, CHARLES <input checked="" type="checkbox"/> Delete 250 COMMERCIAL STREET, SUITE 5000 MANCHESTER, NH 03101	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D / Sr VP/S/GC Ehrlich, Charles G. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 250 Commercial Street, Suite 5000 Manchester, NH 03101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO GIBBS, DENNIS <input type="checkbox"/> Delete 250 COMMERCIAL STREET, SUITE 5000 MANCHESTER, NH 03101	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSRV SLUKA, MICHAEL <input type="checkbox"/> Delete 250 COMMERCIAL ST SUITE 5000 MANCHESTER, NH 03101	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLUKA, MICHAEL <input type="checkbox"/> Delete 250 COMMERCIAL ST SUITE 5000 MANCHESTER, NH 03101	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr VP Sluka, Michael <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 250 Commercial Street, Suite 5000 Manchester, NH 03101
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Sherryl R. Scott, AS 4/15/07 603-656-2200	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

40055497



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

40055497

Title: Sr. VP
Name: John M. Parker
Address: 250 Commercial Street, Suite 5000
Manchester, NH 03101

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

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

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

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

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

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

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

TIG Insurance Company - Document #804275
Attachment #1 to Item 11

ATTACHMENT

40055497

Title: VP
Name: Robert S. Knowles
Address: 125 S. Wacker Drive
Chicago, IL 60606

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

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

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

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

Title: VP/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

TIG Insurance Company - Document #804275
Attachment #1 to Item 11

ATTACHMENT

40055497

Title: AS
Name: Erica Arnold
Address: 2850 Lake Vista Drive, Suite 150
Lewisville, TX 75067

Title: AS
Name: James C. Baker
Address: 2850 Lake Vista Drive, Suite 150
Lewisville, TX 75067

Title: AS
Name: John K. Cassil
Address: 2850 Lake Vista Drive, Suite 150
Lewisville, TX 75067

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

Title: AS
Name: Thomas Yu
Address: 2850 Lake Vista Drive, Suite 150
Lewisville, TX 75067

Title: AS
Name: Mersini Caron
Address: 2850 Lake Vista Drive, Suite 150
Lewisville, TX 75067