

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05 1996 8:00 am
Secretary of State

DOCUMENT # 804275 (6)

1. Corporation Name
TIG INSURANCE COMPANY



Principal Place of Business: 444 MARKET ST, SAN FRANCISCO CA 94111 US
Mailing Address: 5205 N. O'CONNOR BLVD., IRVING TX 75039 US

3. Date Incorporated or Qualified: 08/13/1934
3a. Date of Last Report: 03/13/1995
4. FEI Number: 94-1517098
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
STATE CAPITOL, PLAZA LEVEL ELEVEN
TALLAHASSEE FL 32399**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	HUTSON, DON D 5205 N. O'CONNOR BLVD. IRVING TX	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SVS	HUFF, WILLIAM H III 5205 N. O'CONNOR BLVD. IRVING TX	2.1 TITLE: SV/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DSVP	SPRINGER, GREGORY W. 5205 N. O'CONNOR BLVD. IRVING TX	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SVDC	PICKETT, EDWIN G 5205 N. O'CONNOR BLVD. IRVING TX	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SV	FUJINO, KENNETH M 5205 N. O'CONNOR BLVD. IRVING TX	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP	DILLARD, JOAN H 70 W. MICHIGAN AVE. BATTLE CREEK MI	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William H. Huff, III* 3/1/96 (214) 831-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)