

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED  
Feb 18 1997 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 75039-3712 US

3. Date Incorporated or Qualified: 08/13/1934  
3a. Date of Last Report: 03/05/1996  
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 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30 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 FL 85 Zip Code

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		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUTSON, DON D	
STREET ADDRESS	5205 N. O'CONNOR BLVD.	
CITY-ST-ZIP	IRVING TX	
TITLE	SVSD	<input type="checkbox"/> DELETE
NAME	HUFF, WILLIAM H III	
STREET ADDRESS	5205 N. O'CONNOR BLVD.	
CITY-ST-ZIP	IRVING TX	
TITLE	DSVP	<input checked="" type="checkbox"/> DELETE
NAME	SPRINGER, GREGORY W.	
STREET ADDRESS	5205 N. O'CONNOR BLVD.	
CITY-ST-ZIP	IRVING TX	
TITLE	SVDC	<input type="checkbox"/> DELETE
NAME	PICKETT, EDWIN G	
STREET ADDRESS	5205 N. O'CONNOR BLVD.	
CITY-ST-ZIP	IRVING TX	
TITLE	SV	<input checked="" type="checkbox"/> DELETE
NAME	FUJINO, KENNETH M	
STREET ADDRESS	5205 N. O'CONNOR BLVD.	
CITY-ST-ZIP	IRVING TX	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DILLARD, JOAN H	
STREET ADDRESS	70 W. MICHIGAN AVE.	
CITY-ST-ZIP	BATTLE CREEK MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DSVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Davis, James S.	
3.3 STREET ADDRESS	5205 N. O'Connor Blvd.	
3.4 CITY-ST-ZIP	Irving, TX 75039	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Rotenstreich, Jon W.	
5.3 STREET ADDRESS	65 E. 55th Street	
5.4 CITY-ST-ZIP	New York, NY 10022	
6.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Scholl, David C.	
6.3 STREET ADDRESS	5205 N. O'Connor Blvd.	
6.4 CITY-ST-ZIP	Irving, TX 75039	

14. I do 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 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: \_\_\_\_\_

CP2E034 (9/96)