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Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 650 California Street Suite, Apt. #, etc. 22 2nd Floor City & State 23 San Francisco, California		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 24 94108 Country 25 US		3. Date Incorporated or Qualified 08/13/1934	
2. Principal Place of Business 21 650 California Street Suite, Apt. #, etc. 22 2nd Floor City & State 23 San Francisco, California		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 24 94108 Country 25 US		4. FEI Number 94-1517098 Applied For Not Applicable	
2. Principal Place of Business 21 650 California Street Suite, Apt. #, etc. 22 2nd Floor City & State 23 San Francisco, California		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 24 94108 Country 25 US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business 21 650 California Street Suite, Apt. #, etc. 22 2nd Floor City & State 23 San Francisco, California		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 24 94108 Country 25 US		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business 21 650 California Street Suite, Apt. #, etc. 22 2nd Floor City & State 23 San Francisco, California		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 24 94108 Country 25 US		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 NAME STREET ADDRESS CITY - ST - ZIP	PD HUTSON, DON D 5205 N. O'CONNOR BLVD. IRVING TX	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVSD HUFF, WILLIAM H III 5205 N. O'CONNOR BLVD. IRVING TX	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSVP DAVIS, JAMES S. 5205 N. O'CONNOR BLVD. IRVING TX	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVDC PICKETT, EDWIN G 5205 N. O'CONNOR BLVD. IRVING TX	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROTENSTREICH, JON W. 65 E. 55TH STREET NEW YORK NY	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SCHOLL, DAVID C. 5205 N. O'CONNOR BLVD. IRVING TX	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD Hennessy, Mary R. 65 E. 55th Street New York, NY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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* William H. Huff, III, Secretary 4/17/98 972-931-5000

CR2E034 (10/97)