

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90078 016 ***150.00

DOCUMENT # 804275

1. Entity Name
TIG INSURANCE COMPANY

Principal Place of Business 650 CALIFORNIA STREET 2ND FLOOR SAN FRANCISCO CA 94108 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 5205 N. O'Connor Blvd.	3. Mailing Address P.O. Box 152870
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Irving, TX	City & State Irving, TX	4. FEI Number 94-1517098	Applied For <input type="checkbox"/> Not Applicable
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Zip 75039	Country USA	Zip 75015	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent INSURANCE COMMISSIONER STATE CAPITOL, PLAZA LEVEL ELEVEN TALLAHASSEE FL 32399	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME SMITH, COURTNEY C STREET ADDRESS 5205 N O'CONNOR BLVD CITY-ST-ZIP IRVING TX 75039	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SVSD NAME HUFF, WILLIAM H III STREET ADDRESS 5205 N. O'CONNOR BLVD. CITY-ST-ZIP IRVING TX	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME ARIZAGA, NICOLAS A STREET ADDRESS 5205 N. O'CONNOR BLVD. CITY-ST-ZIP IRVING TX 75039	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME DONOVAN, R S STREET ADDRESS 5205 N. O'CONNOR BLVD CITY-ST-ZIP IRVING TX 75039	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DM NAME TAYLOR, FRANK C STREET ADDRESS 5205 N O'CONNOR BLVD CITY-ST-ZIP IRVING TX 75039	<input checked="" type="checkbox"/> Delete	TITLE DM NAME Magee, John C III STREET ADDRESS 5205 N. O'Connor Blvd. CITY-ST-ZIP Irving, TX 75039	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DM NAME FONTEIN, FREDERIK M STREET ADDRESS 5205 N. O'CONNOR BLVD. CITY-ST-ZIP IRVING TX 75039	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William H. Huff, III* **William H. Huff, III** 02/15/02 (972)831-6248
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SECRET

CR2E034 (9/01)