



Companies House

— for the record —

BR4

CHFP000

This form should be completed in black.

Return by an overseas company subject to branch registration of change of directors or secretary or of their particulars

(Pursuant to Schedule 21A, paragraph 7(1) of the Companies Act 1985)

Company number

FC 017774

Branch number

BR 002260

Company name

TIG REINSURANCE COMPANY

Branch name
(if different)

Resignation, etc.

(This includes any form of ceasing to hold office e.g. death or removal from office)

Date of resignation etc

Resignation etc, as director

Resignation etc, as secretary

Forenames

Surname

Date of birth (directors only)

Day Month Year

DR

XD

XS

Please mark the appropriate box.
If resignation etc is as a director and secretary mark both boxes

Day Month Year

DO

(See note on page 4)

This return is delivered in respect of all the branches listed on page 4

To whom should Companies House address any enquiries about the information on this form

Name JOHN MANTZ

Address 3 MINSTER COURT, SUITE 4/12

LONDON EC3R 7DD

Telephone 0171-617-4594



A46
COMPANIES HOUSE
COMPANIES HOUSE

0193
17/12/99
07/12/99

When completed, this form should be returned to the address on page 4

Turn to page 3
notify resignation or
alteration of
particulars)

Date of appointment

Appointment of director

Appointment of secretary

Name

*Style/title

NOTES

Show the full forenames NOT
INITIALS. If the director or
secretary is a Corporation or Scottish
firm, show the name on surname line
and registered or principal office on
the usual residential address line.

Show previous forenames or surnames
except:
for a married woman the name
before marriage need not be given.
or names not used since the age
18 or for at least 20 years.
partner or individual known by a title
may state the title instead of or in
addition to the forenames and
surnames.

Voluntary details
Directors only

Post town

County / region

Postcode

+ Date of birth

Other directorships
Give the name of every company
incorporated in Great Britain
in which the person concerned is a
director or has been a director at any
time in the past 5 years. Exclude a
company which either is, or at all
times during the past 5 years when
the person was a director, was

+ Business Occupation

+ Other directorships

Parent company
Parent company which wholly
owned the company making the
return
or wholly owned subsidiary
of the same parent company

Scope of authority

May use a separate sheet of
paper if necessary.

Give brief particulars of the extent of the
powers exercised (e.g. whether they are
limited to powers expressly conferred by
instruments of appointment, or whether
they are subject to express limitations)
Are the powers exercised jointly,
and the name(s) of the person(s).

Mark as applicable

The return must be delivered to
Registrar within 21 days of
notice being received in
Great Britain in due course of
mail (if despatched with due
certification)

Consent/signature

DA 1 3 0 4 1 9 9 9

CD ☒

CS ☐

Please mark the appropriate box.
If appointment is as a director and secretary
mark both boxes.

James Francis

Dowd

None

None

AD 913 Ponus Ridge Road

New Canaan

Connecticut (U.S.A.)

06840

Day Month Year

DO 2 1 0 8 1 9 4 1

+ Nationality NA

OC Director

Odyssey Reinsurance Corporation

TIG Reinsurance Company

Hudson Insurance Company

The extent of the authority to represent the company is
(give details)
See Attached

These powers :

☐ May be exercised acting alone
☒ Must be exercised with :- (give names of
co-authorised person(s))

Jointly with the other directors

I consent to act as director/secretary of the above named company

Signed

Date

10.15.99

ALTERATION OF PARTICULARS

(this section is not for appointments or resignations)

Complete this section in all cases where particulars of a serving director / secretary have changed and then the appropriate section below

Date of change of particulars

Date of change of particulars, as director

Date of change of particulars, as secretary

Forenames

(name previously notified to Companies House)

Surname

Date of birth (directors only)

Change of name (enter new name)

Forenames

Surname

Change of usual residential address
(enter new address)

Post town

County / region

Postcode

Nationality

Change to authority to act (if applicable)

Give brief particulars of any change in the authority of a director to represent the company, including any alteration to the manner in which existing or new powers may be exercised (e.g. requiring them to be exercised with other persons.)

Mark as applicable.

Day Month Year

DR					
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XD	
----	--

XS	
----	--

Please mark the appropriate box.
If change of particulars is as a director and secretary mark both boxes

Day Month Year

DO					
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AD

The extent of the authority of the above person to represent the company has been altered to :- (give details)

These powers :

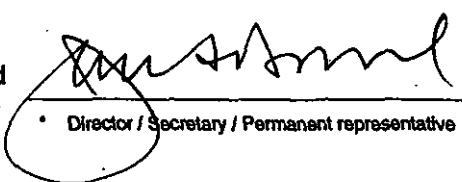

☐ May be exercised alone, or

☐ Must be exercised with : (give names of co-authorised persons)

Registration number	Branch name

NOTE:- A return must be delivered in respect of any alteration to the company particulars by each branch of an overseas company. If, however, a company has more than one branch in THE SAME PART of Great Britain, it may deliver only one form in respect of all those branches, provided it completes the table above on this page.

Signature

Signed		
	• Director / Secretary / Permanent representative	6/12/99
Date	10.15.99	
	• delete as appropriate	

When completed, this form should be delivered to :-

For branches registered in England and Wales

The Registrar of Companies
Companies House
Crown Way
Cardiff
CF4 3UZ

For branches registered in Scotland

The Registrar of Companies
Companies House
37 Castle Terrace
Edinburgh
EH1 2EB

DIRECTOR INFORMATION

JAMES F. DOWD

ODYSSEY REINSURANCE CORPORATION
TIG REINSURANCE COMPANY
ODYSSEY RE GROUP LTD.
FAIRFAX, INC.
HUDSON INSURANCE COMPANY

ATTACHEMENT

By Laws Article III, Article IV (Section 6). The Directors have all the powers conferred pursuant to Section 33-313 et. seq. of the Connecticut Stock Corporation Act with no express limitations.