FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **812934** **(8)**

1. Corporation Name

ARGONAUT INSURANCE COMPANY

Principal Place of Business	Mailing Address
250 MIDDLEFIELD RD MENLO PARK CALIFORNIA 94025	250 MIDDLEFIELD RD MENLO PARK CALIFORNIA 94025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/15/1958**

3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business 21

2a. Mailing Address 26

Suite, Apt. # etc. 22

Suite, Apt. # etc. 27

City & State 23

City & State 28

Zip 24 County 25

Zip 29 County 30

4. FEI Number: **94-1390273** ☐ Applied For ☐ Not Applicable

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. Has corporation had liability for intangible tax under S. 199.032, Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304

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 607.1908, 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 changes are 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

12. OFFICER AND DIRECTOR		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TSVP	TITLE	Sr. V.P. / Treasury ☒ Change ☐ Addition
NAME	ELDERING, P. M.	NAME	James B Halliday
STREET ADDRESS	250 MIDDLEFIELD RD.	STREET ADDRESS	250 Middlefield Rd.
CITY ST ZIP	MERLO PARK CA	CITY ST ZIP	Menlo Park, CA. 94025
TITLE	DP	TITLE	☐ Change ☐ Addition
NAME	CRALL, M. J.	NAME	
STREET ADDRESS	250 MIDDLEFIELD ROAD	STREET ADDRESS	
CITY ST ZIP	MENLO PARK CA	CITY ST ZIP	
TITLE	SV	TITLE	☐ Change ☐ Addition
NAME	NOLAN, J. MICHAEL	NAME	
STREET ADDRESS	250 MIDDLEFIELD ROAD	STREET ADDRESS	
CITY ST ZIP	MENLO PARK CA	CITY ST ZIP	
TITLE	CV	TITLE	☐ Change ☐ Addition
NAME	STEWART, JAY H	NAME	
STREET ADDRESS	250 MIDDLEFIELD RD	STREET ADDRESS	
CITY ST ZIP	MENLO PK CA	CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Jay H. Stewart 4/24/95 (415) 858-6437

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0483007 FP