

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

FILED
Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 812934 (8)
1. Corporation Name
ARGONAUT INSURANCE COMPANY

Principal Place of Business 250 MIDDLEFIELD RD MENLO PARK CALIFORNIA 94025	Mailing Address 250 MIDDLEFIELD RD MENLO PARK CALIFORNIA 94025-3560
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3. Date Incorporated or Qualified 07/15/1958	3a. Date of Last Report 04/26/1996
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

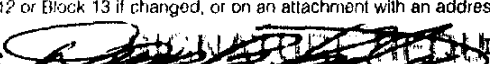
9. Name and Address of Current Registered Agent FLORIDA INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32304		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		85 FL	85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TSPV ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HALLIDAY, JAMES B	1.2 NAME	
STREET ADDRESS	250 MIDDLEFIELD RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA	1.4 CITY-ST-ZIP	
TITLE	DP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CHARLES E. RINSCH	2.2 NAME	
STREET ADDRESS	250 MIDDLEFIELD ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA	2.4 CITY-ST-ZIP	
TITLE	SV ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	NOLAN, J. MICHAEL	3.2 NAME	
STREET ADDRESS	250 MIDDLEFIELD ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA	3.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LINDA LEES	4.2 NAME	
STREET ADDRESS	250 MIDDLEFIELD RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PK CA	4.4 CITY-ST-ZIP	
TITLE	Vice President and Controller ☐ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME	Dennis B. Kisler	5.2 NAME	
STREET ADDRESS	250 Middlefield Road	5.3 STREET ADDRESS	
CITY-ST-ZIP	Menlo Park, CA 94025	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:  Dennis B. Kisler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97

415/858-6669

Date

Daytime Phone #

CR2E034 (9/96)