

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 12, 2001 8:00 am**
Secretary of State

05-12-2001 90050 050 ***150.00

DOCUMENT # 812934

1. Entity Name

ARGONAUT INSURANCE COMPANY

Principal Place of Business

**250 MIDDLEFIELD RD
MENLO PARK CA 94025**

Mailing Address

**250 MIDDLEFIELD RD
MENLO PARK CA 94025**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **94-1390273**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
	TSVP									
	HALLIDAY, JAMES B.	250 MIDDLEFIELD ROAD	MENLO PARK CA							
	DP									
	WATSON III, MARK E	250 MIDDLEFIELD ROAD	MENLO PARK CA 94025							
	SV									
	NOLAN, J. MICHAEL	250 MIDDLEFIELD ROAD	MENLO PARK CA							
	V									
	LINDA LEES	250 MIDDLEFIELD RD	MENLO PK CA							
	VPC									
	KISLER, DENNIS B.	250 MIDDLEFIELD ROAD	MEMLO PARK CA							

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/01 650-886669

CR2E034 (10/00)