

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812934

FILED
Mar 16, 2012
Secretary of State

Entity Name: ARGONAUT INSURANCE COMPANY

Current Principal Place of Business:

10101 REUNION PL
STE 500
SAN ANTONIO, TX 78216

New Principal Place of Business:

Current Mailing Address:

10101 REUNION PL
STE 500
SAN ANTONIO, TX 78216

New Mailing Address:

PO BOX 469011
SAN ANTONIO, TX 78246

FEI Number: 94-1390273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TV
Name: ZWINGGI, JANICE W
Address: 10101 REUNION PL., STE 500
City-St-Zip: SAN ANTONIO, TX 78216

Title: C
Name: WATSON III, MARK E
Address: 10101 REUNION PL., STE 500
City-St-Zip: SAN ANTONIO, TX 78216

Title: P
Name: ARLEDGE, MICHAEL E
Address: 10101 REUNION PL STE 500
City-St-Zip: SAN ANTONIO, TX 78216

Title: VS
Name: COMEAUX, CRAIG J
Address: 10101 REUNION PLACE, STE 500
City-St-Zip: SAN ANTONIO, TX 78216

Title: V
Name: SUTHERLAND, BARBARA L
Address: 10101 REUNION PLACE, STE 500
City-St-Zip: SAN ANTONIO, TX 78216

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EVAN MILLER

AS

03/16/2012

Electronic Signature of Signing Officer or Director

Date