

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90034 014 ***150.00

DOCUMENT # 812934

1. Entity Name
ARGONAUT INSURANCE COMPANY



Principal Place of Business
**10101 REUNION PL
STE 800
SAN ANTONIO TX 78216**

Mailing Address
**10101 REUNION PL
STE 800
SAN ANTONIO TX 78216**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Ste 500

City & State

City & State

4. FEI Number **94-1390273**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSVP HAUSHILL, MARK W 10101 REUNION PL, STE 800 SAN ANTONIO TX 78216 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WATSON III, MARK E 10101 REUNION PL, STE 800 SAN ANTONIO TX 78216 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV STRESS, G.TODD 250 MIDDLEFIELD ROAD MENLO PARK CA 94025 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LINDA LEES 250 MIDDLEFIELD RD MENLO PK CA ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC PLATT, DANIEL G 10101 REUNION PL, STE 800 SAN ANTONIO TX 78216 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 10101 Reunion PL, Ste 500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Chair 10101 Reunion PL, Ste 500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition SV Secretary Byron LeFlore Jr. 10101 Reunion PL, Ste 500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 10101 Reunion PL, Ste 500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition President John G. Gantz Jr. 695 East Main Street Stamford, CT 06901-2150

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel G. Platt* **4/16/03** **210 321 8400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)