


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

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Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 810853 (2) 1. Corporation Name ARGONAUT GREAT CENTRAL INSURANCE COMPANY			
Principal Place of Business 3625 N SHERIDAN RD P. O. BOX 807 PEORIA ILLINOIS 61633		Mailing Address 3625 N SHERIDAN RD P. O. BOX 807 PEORIA ILLINOIS 61633-0001	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 03/02/1956		3a. Date of Last Report 05/10/1996	
4. FEI Number 37-0301640		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL 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 607.1508, 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 reappointing) _____ DATE _____ Signature typed or printed name of registered agent and title if applicable			
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CD RINSCH, CHARLES E 1800 AVE. OF THE STARS LOS ANGELES CA 90087	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP	TVD James B Halliday 1800 Avenue of the Stars Los Angeles, CA 90067
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BURDICK, NORMAN H 6202 N. POST OAK PEORIA IL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP	S Mark P. Lucas 3625 N. Sheridan Road Peoria, IL 61604-1434
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ROBERTS, GEORGE A 48000 FAIRWAY DRIVE INDIAN WELLS CA	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP	VD Robert C. Disharoon 3625 N. Sheridan Road Peoria, IL 61604-1434
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SINGLETON, HENRY E 335 N. MAPLE DRIVE BEVERLY HILLS CA	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP	VD Ralph T. Copley 3625 N. Sheridan Road Peoria, IL 61604-1434
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MELLIN, RANDALL 250 MIDDLEFIELD ROAD MENLO PARK CA	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP	V Terrell Allen Jones 3625 N. Sheridan Road Peoria, IL 61604-1434
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TSVD KISLER, DENNIS B 5815 W. RIDGECREST DRIVE PEORIA IL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP	V Gary E. Eberling 3625 N. Sheridan Road Peoria, IL 61604-1434
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 in an attachment with an address.			
SIGNATURE: <i>Mark P. Lucas</i>		Mark P. Lucas	
		4/15/97	
		(309) 688-8571	

CR2E034 (9/96)