

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 810853

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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90073 041 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1956

4. FEI Number

37-0301640

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 owes the current year intangible  
Personal Property Tax.

☐ Yes

☐ No

9. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE

NAME RINSCH, CHARLES E  
STREET ADDRESS 1800 AVE. OF THE STARS  
CITY-ST-ZIP LOS ANGELES CA 90067

1.1 TITLE ☐ Change ☐ Addition

NAME RINSCH, CHARLES E

STREET ADDRESS 1800 AVE. OF THE STARS

CITY-ST-ZIP LOS ANGELES CA 90067

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE PD ☐ DELETE

NAME BURDICK, NORMAN H  
STREET ADDRESS 6202 N. POST OAK  
CITY-ST-ZIP PEORIA IL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME ROBERTS, GEORGE A  
STREET ADDRESS 46000 FAIRWAY DRIVE  
CITY-ST-ZIP INDIAN WELLS CA

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME SINGLETON, HENRY E  
STREET ADDRESS 335 N. MAPLE DRIVE  
CITY-ST-ZIP BEVERLY HILLS CA

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME MELLIN, RANDALL  
STREET ADDRESS 250 MIDDLEFIELD ROAD  
CITY-ST-ZIP MENLO PARK CA

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE V ☒ DELETE

NAME EBERLING, GARY E  
STREET ADDRESS 3625 N SHERIDAN RD  
CITY-ST-ZIP PEORIA IL

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Director  
John W. Polak  
3625 N. Sheridan Road  
Peoria, IL 61633

Vice President  
Michael T. Kinnary  
3625 N. Sheridan Road  
Peoria, IL 61633

14. 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 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, with all other like empowered.

SIGNATURE:

*Michael T. Kinnary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael T. Kinnary 4/20/99 (309) 688-8571

Date

Daytime Phone #

CR2E034 (1/98)