

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 810853

1. Entity Name

ARGONAUT GREAT CENTRAL INSURANCE COMPANY

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90004 019 \*\*\*150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

37-0301640

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

INSURANCE COMMISSIONER  
CAPITOL  
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, 2000 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 CD ☒ Delete  
NAME RINSCH, CHARLES E  
STREET ADDRESS 1800 AVE. OF THE STARS  
CITY-ST-ZIP LOS ANGELES CA 90067

TITLE CD ☐ Change ☒ Addition  
NAME Watson III, Mark E  
STREET ADDRESS 1800 Ave. of the Stars  
CITY-ST-ZIP Los Angeles, CA 90067

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

TITLE PD ☐ Change ☒ Addition  
NAME Polak, John W.  
STREET ADDRESS 3625 N. Sheridan Road  
CITY-ST-ZIP Peoria, IL 61633

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

TITLE D ☐ Change ☒ Addition  
NAME Halliday, James B  
STREET ADDRESS 1800 Ave. of the Stars  
CITY-ST-ZIP Los Angeles, CA 90067

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

TITLE D ☐ Change ☒ Addition  
NAME Parker, Dean J  
STREET ADDRESS 3625 N. Sheridan Road  
CITY-ST-ZIP Peoria, IL 61633

TITLE D ☒ Delete  
NAME POLAK, JOHN W  
STREET ADDRESS 3625 N SHERIDAN ROAD  
CITY-ST-ZIP PEORIA IL 61633

TITLE D ☐ Change ☒ Addition  
NAME Nolan, John M  
STREET ADDRESS 1800 Ave. of the Stars  
CITY-ST-ZIP Los Angeles, CA 90067

TITLE VP ☐ Delete  
NAME KINNARY, MICHAEL T  
STREET ADDRESS 3625 N SHERIDAN ROAD  
CITY-ST-ZIP PEORIA IL 61633

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

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

Michael T. Kinnary 4/16/00

Date

Daytime Phone #

(309)

688-8571

CR2E034 (9/93)