


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 810853 1. Entity Name ARGONAUT GREAT CENTRAL INSURANCE COMPANY	
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Principal Place of Business 3625 N SHERIDAN RD PEORIA, IL 61633	Mailing Address PO BOX 807 PEORIA, IL 61633
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DO NOT WRITE IN THIS SPACE



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 37-0301640	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331
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DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WATSON, MARK E III 10101 REUNION PLACE, STE 800 SAN ANTONIO, TX 78216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLAK, JOHN W 3625 N SHERIDAN RD PEORIA, IL 61633
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, BARBARA 10101 REUNION PLACE, STE 800 SAN ANTONIO, TX 78216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARKER, DEAN J 3625 N SHERIDAN RD PEORIA, IL 61633
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEFLORE, BYRON L JR 10101 REUNION PLACE, STE 800 SAN ANTONIO, TX 78216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KINNARY, MICHAEL T 3625 N SHERIDAN ROAD PEORIA, IL 61633

<p>U00000360106 05/05/05-80019-021 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  **4/25/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #