
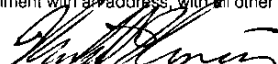


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90404 047 \*\*\*150.00

<b>DOCUMENT # 810853</b> 1. Entity Name <b>ARGONAUT GREAT CENTRAL INSURANCE COMPANY</b>					
Principal Place of Business 3625 N SHERIDAN RD PEORIA, IL 61633			Mailing Address PO BOX 807 PEORIA, IL 61633		
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 <b>37-0301640</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATSON, MARK E III		NAME		
STREET ADDRESS	10101 REUNION PLACE, STE 800		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO, TX 78216		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POLAK, JOHN W		NAME		
STREET ADDRESS	3625 N SHERIDAN RD		STREET ADDRESS		
CITY-ST-ZIP	PEORIA, IL 61633		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURRAY, BARBARA		NAME		
STREET ADDRESS	10101 REUNION PLACE, STE 800		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO, TX 78216		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARKER, DEAN J		NAME		
STREET ADDRESS	3625 N SHERIDAN RD		STREET ADDRESS		
CITY-ST-ZIP	PEORIA, IL 61633		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEFLORE, BYRON L JR		NAME		
STREET ADDRESS	10101 REUNION PLACE, STE 800		STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO, TX 78216		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KINNARY, MICHAEL T		NAME		
STREET ADDRESS	3625 N SHERIDAN ROAD		STREET ADDRESS		
CITY-ST-ZIP	PEORIA, IL 61633		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> 			<b>Michael T. Kinnary</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> <b>4/19/06</b> <small>Daytime Phone #</small> <b>(309) 688-8571</b>		

ATTACHMENT 40058728  
#810853

Argonaut Great Central Insurance Company  
Additional Officers & Directors

Title	VP
Name	Arledge, Michael E
Street Address	10101 Reunion Place, Ste 800
City-St-Zip	San Antonio, TX 78216
Title	VP
Name	Dickson, Linda L
Street Address	3625 N. Sheridan Road
City-St-Zip	Peoria, IL 61633-0001
Title	VP
Name	Hall, Ronald E
Street Address	3625 N. Sheridan Road
City-St-Zip	Peoria, IL 61633-0001
Title	VP/D
Name	Haushill, Mark W
Street Address	10101 Reunion Place, Ste 800
City-St-Zip	San Antonio, TX 78216
Title	D
Name	Johns, Benjamin T
Street Address	3625 N. Sheridan Road
City-St-Zip	Peoria, IL 61633-0001
Title	VP
Name	Kronbach, Julie H
Street Address	3625 N. Sheridan Road
City-St-Zip	Peoria, IL 61633-0001
Title	S
Name	Lucas, Mark P
Street Address	3625 N. Sheridan Road
City-St-Zip	Peoria, IL 61633-0001
Title	VP
Name	Meisen, William T
Street Address	6605 SE Lake Rd
City-St-Zip	Portland, OR 97222-2161
Title	VP
Name	Pallardy, Lee J
Street Address	3625 N. Sheridan Road
City-St-Zip	Peoria, IL 61633-0001