2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# 810853

Entity Name: ARGONAUT GREAT CENTRAL INSURANCE COMPANY

Current Principal Place of Business:

3625 N SHERIDAN RD
PEORIA, IL 61633

New Principal Place of Business:

Current Mailing Address:

PO BOX 807
PEORIA, IL 61633

New Mailing Address:

FEI Number: 37-0301640 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: WATSON, MARK E III
Address: 10101 REUNION PLACE, STE 800
City-St-Zip: SAN ANTONIO, TX 78216

Title: PD ( ) Delete
Name: POLAK, JOHN W
Address: 3625 N SHERIDAN RD
City-St-Zip: PEORIA, IL 61633

Title: VPD ( ) Delete
Name: LEFLORE, BYRON L JR
Address: 10101 REUNION PLACE, STE 800
City-St-Zip: SAN ANTONIO, TX 78216

Title: VPD ( ) Delete
Name: KINNARY, MICHAEL T
Address: 3625 N SHERIDAN ROAD
City-St-Zip: PEIORIA, IL 61633

Title: S ( ) Delete
Name: LUCAS, MARK P
Address: 3625 N. SHERIDAN ROAD
City-St-Zip: PEORIA, IL 616330001

Title: VD ( ) Delete
Name: COMEAUX, CRAIG S
Address: 10101 REUNION PLACE STE 800
City-St-Zip: SAN ANTONIO, TX 78216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: ARLEDGE, MICHAEL E
Address: 10101 REUNION PLACE, STE 800
City-St-Zip: SAN ANTONIO, TX 78216

Title: PD (X) Change ( ) Addition
Name: JOHNS, BENJAMIN T
Address: 225 W. WASHINGTON, 6TH FLOOR
City-St-Zip: CHICAGO, IL 60606

Title: VD (X) Change ( ) Addition
Name: MEISEN, WILLIAM T
Address: 6400 SE LAKE ROAD, #190
City-St-Zip: MILWAUKIE, OR 97222

Title: VD (X) Change ( ) Addition
Name: KINNARY, MICHAEL T
Address: 3625 N SHERIDAN ROAD
City-St-Zip: PEIORIA, IL 61633

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL T. KINNARY VD 04/11/2008

Electronic Signature of Signing Officer or Director — Date