

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 810853

FILED  
Mar 23, 2009  
Secretary of State

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

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

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

Title: VD ( ) Delete  
Name: KINNARY, MICHAEL T  
Address: 3625 N SHERIDAN ROAD  
City-St-Zip: PEORIA, 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: PD (X) Change ( ) Addition  
Name: ARLEDGE, MICHAEL E  
Address: 10101 REUNION PLACE, STE 800  
City-St-Zip: SAN ANTONIO, TX 78216

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

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

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

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

03/23/2009

Electronic Signature of Signing Officer or Director

Date