

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 10 PM 4:13

DOCUMENT # 810853

1. Corporation Name

Argonaut Great Central Insurance Company

2. Principal Office Address

3625 North Sheridan Road

3. Mailing Office Address

PO Box 807

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Peoria, IL

City & State

Peoria, IL

Zip

61633

Country

USA

Zip

61633

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/02/1956

5. FEI Number

37-0301640

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

526 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date **October 8, 2003**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CD	Mark E. Watson III	10101 Reunion Place, Ste 800	San Antonio, TX 78216
PD	John W. Polak	3625 N. Sheridan Rd.	Peoria, IL 61633-0001
D	Barbara Murray	10101 Reunion Place, Ste 800	San Antonio, TX 78216
VP	Dean J. Parker	3625 N. Sheridan Rd.	Peoria, IL 61633-0001
SEC	Byron L. LeFlore, Jr.	10101 Reunion Place, Ste 800	San Antonio, TX 78216
VP	Michael T. Kinnary	3625 N. Sheridan Rd.	Peoria, IL 61633-0001

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Michael T. Kinnary

10/08/03

(309) 688-8571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)



Argonaut Great Central

INSURANCE COMPANY

Michael T. Kinnary
Controller & Assistant Treasurer

October 8, 2003

Via Facsimile

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Argonaut Great Central Insurance Company

To Whom It May Concern:

Please waive all penalty fees associated with the reinstatement of Argonaut Great Central Insurance Company as the Uniform Business Reports for the 2002 and 2003 years were not received by our office.

Sincerely,

Michael T. Kinnary
Senior Vice President – Finance