

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90081 032 ***150.00

DOCUMENT # 812934

1. Entity Name

ARGONAUT INSURANCE COMPANY

Principal Place of Business

**250 MIDDLEFIELD RD
MENLO PARK CA 94025**

Mailing Address

**250 MIDDLEFIELD RD
MENLO PARK CA 94025**

2. Principal Place of Business

10101 Reunion Pl., Ste. 800

Suite, Apt. #, etc.

San Antonio, Texas 78216

3. Mailing Address

10101 Reunion Pl., Ste. 800

Suite, Apt. #, etc.

San Antonio, Texas 78216

City & State

78216 United States

Zip

Country

City & State

78216 United States

Zip

Country

4. FEI Number

94-1390273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **TSVP** ☒ Delete
NAME **HALLIDAY, JAMES B.**
STREET ADDRESS **250 MIDDLEFIELD ROAD**
CITY-ST-ZIP **MENLO PARK CA**

TITLE **DP** ☐ Delete
NAME **WATSON III, MARK E**
STREET ADDRESS **250 MIDDLEFIELD ROAD**
CITY-ST-ZIP **MENLO PARK CA 94025**

TITLE **SV** ☒ Delete
NAME **NOLAN, J. MICHAEL**
STREET ADDRESS **250 MIDDLEFIELD ROAD**
CITY-ST-ZIP **MENLO PARK CA**

TITLE **V** ☐ Delete
NAME **LINDA LEES**
STREET ADDRESS **250 MIDDLEFIELD RD**
CITY-ST-ZIP **MENLO PK CA**

TITLE **VPC** ☒ Delete
NAME **KISLER, DENNIS B.**
STREET ADDRESS **250 MIDDLEFIELD ROAD**
CITY-ST-ZIP **MENLO PARK CA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TSVP** ☐ Change ☒ Addition
NAME **HAUSHILL, MARK W.**
STREET ADDRESS **10101 Reunion Place, Ste. 800**
CITY-ST-ZIP **San Antonio, TX 78216**

TITLE **DP** ☒ Change ☐ Addition
NAME **WATSON III, MARK E.**
STREET ADDRESS **10101 Reunion Place, Ste. 800**
CITY-ST-ZIP **San Antonio, TX 78216**

TITLE **SV** ☐ Change ☒ Addition
NAME **STRESS, G. TODD**
STREET ADDRESS **250 Middlefield Road**
CITY-ST-ZIP **Menlo Park, CA 94025**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPC** ☐ Change ☒ Addition
NAME **PLATT, DANIEL G.**
STREET ADDRESS **10101 Reunion Place, Ste. 800**
CITY-ST-ZIP **San Antonio, TX 78216**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)