

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90442 006 ***150.00

DOCUMENT # 812934

1. Entity Name
ARGONAUT INSURANCE COMPANY



Principal Place of Business
**10101 REUNION PL
STE 500
SAN ANTONIO, TX 78216**

Mailing Address
**10101 REUNION PL
STE 500
SAN ANTONIO, TX 78216**

50016121



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202006

Chg-P

CR2E034 (11/05)

4. FEI Number

94-1390273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**TSVP
HAUSHILL, MARK W
10101 REUNION PL., STE 500
SAN ANTONIO, TX 78216**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**C
WATSON III, MARK E
10101 REUNION PL., STE 500
SAN ANTONIO, TX 78216**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**SVS
LEFLORE, JR., BYRON
10101 REUNION PL., STE 500
MENLO PARK, CA 94025**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**VPCF
MERIWETHER, KAREN C
10101 REUNION PLACE, STE. 500
SAN ANTONIO, TX 78216**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**P
GANTZ, JR., JOHN G
695 EAST MAIN STREET
STAMFORD, CT 069012150**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**P
LEFLORE, JR., BYRON
10101 REUNION PLACE, STE 500
SAN ANTONIO, TX 78216**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**V
CEMEAU, CRAIG S.
10101 REUNION PLACE, STE 500
SAN ANTONIO, TX 78216**

☐ Change ☒ Addition

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/06