FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

[illegible] 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **827115** **(7)**

1. Corporate Name

ARGONAUT-MIDWEST INSURANCE COMPANY

Principal Place of Business	Mailing Address
250 MIDDLEFIELD ROAD C/O STAT DEPARTMENT MENOL PARK CA 94025	250 MIDDLEFIELD ROAD C/O STAT DEPARTMENT MENOL PARK CA 94025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/30/1971**

3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 County — 25

Zip — 29 County — 30

4. FEI Number: **36-2489372** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
CAPITAL BLDG.
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section(s) 607.0502 and/or 608.4104, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section(s) [illegible], Florida Statutes.

SIGNATURE [illegible] DATE

12. OFFICER AND DIRECTOR		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TSVP	TITLE	Sr. V.P. / Treasurer ☒ Change ☐ Addition
NAME	ELDERING, P.M.	NAME	James B Halliday
STREET ADDRESS	250 MIDDLEFIELD RD.	STREET ADDRESS	250 Middlefield Rd
CITY ST ZIP	MENLO PARK CA	CITY ST ZIP	Menlo Park, CA. 94025
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	CRALL, MJ	NAME	
STREET ADDRESS	250 MIDDLEFIELD ROAD	STREET ADDRESS	
CITY ST ZIP	MENLO PARK CA	CITY ST ZIP	
TITLE	SV	TITLE	☐ Change ☐ Addition
NAME	NOLAN, MICHAEL J.	NAME	
STREET ADDRESS	250 MIDDLEFIELD RD	STREET ADDRESS	
CITY ST ZIP	MENLO PARK CA	CITY ST ZIP	
TITLE	VPC	TITLE	☐ Change ☐ Addition
NAME	STEWART, JAY H.	NAME	
STREET ADDRESS	250 MIDDLEFIELD RD	STREET ADDRESS	
CITY ST ZIP	MENLO PARK CA	CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is complete, 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 in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Jay H. Stewart 4/26/95 (415)858-6437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0483008 FP