

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2002 90081 033 ***150.00

DOCUMENT # 827115.
1. Entity Name
ARGONAUT-MIDWEST INSURANCE COMPANY

Principal Place of Business **Mailing Address**
8750 W BRYN NAWR AVE **8750 W BRYN NAWR AVE**
1300 **1300**
CHICAGO IL 60631 **CHICAGO IL 60631**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-2489372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
CAPITAL BLDG.
TALLAHASSEE FL 32304

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

TITLE VPA ☐ Delete
NAME GARDINER, ELLEN M
STREET ADDRESS 250 MIDDLEFIELD RD
CITY-ST-ZIP MENLO PARK CA

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

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

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

TITLE SVP ☒ Delete
NAME MELLIN, RANDALL J
STREET ADDRESS 250 MIDDLEFIELD RD
CITY-ST-ZIP MENLO PARK CA 94025

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)