


**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90741 043 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

|   |   |  |   |
|---|---|--|---|
| <b>DOCUMENT # 827115</b>  |   |                             |   |
| 1. Entity Name<br>ARGONAUT-MIDWEST INSURANCE COMPANY  |   |  |   |
| Principal Place of Business<br>8750 W BRYN NAWR AVE<br>1300<br>CHICAGO, IL 60631  |   | Mailing Address<br>10101 REUNION PL.<br>STE. 500<br>SAN ANTONIO, TX 78216                                    |   |
| 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<br>36-2489372   |   | Applied For.<br>Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | \$8.75 Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent   |   | 7. Name and Address of New Registered Agent  |   |
| CHIEF FINANCIAL OFFICER<br>P O BOX 6200 (32314-6200)<br>200 E. GAINES ST<br>TALLAHASSEE, FL 32399-0000  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |   |
| <b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TSVP<br>HAUSHILL, MARK W<br>10101 REUNION PL. STE. 500<br>SAN ANTONIO, TX 78216 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | C<br>WATSON, MARK E III<br>10101 REUNION PLACE STE. 500<br>SAN ANTONIO, TX 78216 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SV<br>STRESS, G TODD<br>250 MIDDLEFIELD RD<br>MENLO PARK, CA 94025 <input checked="" type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SVS<br>LeFlore, JR., Byron<br>10101 Reunion Place, Ste 500<br>San Antonio, TX 78216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPA<br>GARDINER, ELLEN M<br>250 MIDDLEFIELD RD<br>MENLO PARK, CA <input checked="" type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPC<br>PLATT, DANIEL G<br>10101 REUNION PL. STE.500<br>SAN ANTONIO, TX 78216 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPCFO<br>Meriwether, Karen C.<br>10101 Reunion Place, Ste 500<br>San Antonio, TX 78216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>GANTZ, JOHN G<br>695 EAST MAIN STREET<br>STAMFORD, CT 06901 <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |  |   |
| SIGNATURE <i>Karen C Meriwether</i>   |   | Date <i>4/28/04</i>  | Daytime Phone # <i>210 321 8573</i>   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Date   | Daytime Phone #   |