## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#827115** 

FILED Mar 15, 2012 Secretary of State

Entity Name: ARGONAUT-MIDWEST INSURANCE COMPANY

Current Principal Place of Business: New Principal Place of Business:

225 WEST WASHINGTON ST 6TH FLOOR CHICAGO, IL 60606

Current Mailing Address: New Mailing Address:

10101 REUNION PL. PO BOX 469011

STE. 500 SAN ANTONIO, TX 78246 SAN ANTONIO, TX 78216

FEI Number: 36-2489372 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US

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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: TV

 Name:
 ZWINGGI, JANICE W

 Address:
 10101 REUNION PL STE. 500

 City-St-Zip:
 SAN ANTONIO, TX 78216

Title: C

Name: WATSON, MARK E III

Address: 10101 REUNION PLACE STE. 500 City-St-Zip: SAN ANTONIO, TX 78216

Title: P

 Name:
 ARLEDGE, MICHAEL E

 Address:
 10101 REUNION PL, STE. 500

 City-St-Zip:
 SAN ANTONIO, TX 78216

Title: VS

Name: COMEAUX, CRAIG S

Address: 10101 REUNION PLACE SUITE 500

City-St-Zip: SAN ANTONIO, TX 78216

Title: \

 Name:
 SUTHERLAND, BARBARA L

 Address:
 10101 REUNION PLACE, STE 500

 City-St-Zip:
 SAN ANTONIO, TX 78216

I hereby certify that the information indicated on this report or supplemental report is 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 above, or on an attachment with all other like empowered.

SIGNATURE: EVAN MILLER AS 03/15/2012