2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State
04-22-2003 90035 025 ***150.00

DOCUMENT # 827115

1. Entity Name
ARGONAUT-MIDWEST INSURANCE COMPANY

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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	10101 Reunion PL Suite, Apt. #, etc. Ste 500
City & State	City & State San Antonio, TX
Zip / Country	Zip / Country 78216

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. 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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSVP HAUSHILL, MARK W 10101 RENUNION PLACE STE 800 SAN ANTONIO TX 78216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WATSON, MARK E III 10101 RENUNION PLACE STE 800 SAN ANTONIO TX 78216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chair 10101 Reunion PL, Ste 500	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV STRESS, G TODD 250 MIDDLEFIELD RD MENLO PARK CA 94025	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV Secretary Byron LeFlore Jr. 10101 Reunion Place, Ste 500	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPA GARDINER, ELLEN M 250 MIDDLEFIELD RD MENLO PARK CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPC PLATT, DANIEL G 10101 RENUNION PLACE STE 800 SAN ANTONIO TX 78216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	10101 Reunion PL, Ste 500	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President John G. Gantz Jr. 695 East Main Street Stamford, CT 06901-2150	☒ Change ☐ 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: Daniel K. Platt REQUIRED 4/16/03 210 321 8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)