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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W09-53965

T. Bureh DEC 22 2009

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Argonaut-Southwest Insurance Company
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Benjamin S. Thomas

Name of Person

Argonaut-Southwest Insurance Company

Firm/Company

225 W. Washington, 6th Floor

Address

Chicago, IL, 60606

City/State and Zip code

bsthomas@argogroupus.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin S. Thomas

Name of Person

at (312) 201-7518

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2009

BENJAMIN S. THOMAS
225 W WASHINGTON 6TH FLOOR
CHICAGO, IL 60606

SUBJECT: ARGONAUT-SOUTHWEST INSURANCE COMPANY
Ref. Number: W09000053965

We have received your document for ARGONAUT-SOUTHWEST INSURANCE COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II

Letter Number: 809A00037860

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Argonaut-Southwest Insurance Company

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Illinois

3. 94-6064785

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. November 6, 1961

5. Perpetual

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 10101 Reunion Place, 5th Floor, San Antonio, TX 78216

(Principal office address)

10101 Reunion Place, 5th Floor, San Antonio, TX 78216

(Current mailing address)

8. Insurance Company

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 2731 Executive Park Drive, Suite 4

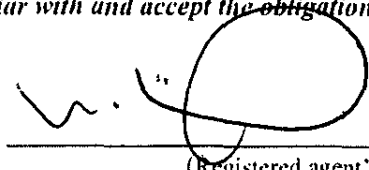
Weston, Florida 33331

(City)

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature) Michael Mirrone, Asst. Secy.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors:

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Daniel A. Cotter, VP - Assistant Secretary

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Director: Michael E. Arledge

Address: 10101 Reunion Place, 5th Floor, San Antonio, TX 78216

Director: Craig S. Comeaux

Address: 10101 Reunion Place, 5th Floor, San Antonio, TX 78216

Director: Daniel A. Cotter

Address: 225 W. Washington, 6th Floor, Chicago, IL 60606

Director: Barbara L. Sutherland

Address: 10101 Reunion Place, 5th Floor, San Antonio, TX 78216

Director: Mark P. Lucas

Address: 3625 N. Sheridan Road Peoria, IL 61604

Director: Alan L. Wynn

Address: 225 W. Washington, 6th Floor, Chicago, IL 60606

B. OFFICERS

President: Michael E. Arledge

Address: Address: 10101 Reunion Place, 5th Floor, San Antonio, TX 78216

Vice President, Treasurer & Chief Financial Officer: Janice Zwinggi

Address: Address: 10101 Reunion Place, 5th Floor, San Antonio, TX 78216

Vice President & Secretary: Craig S. Comeaux

Address: Address: 10101 Reunion Place, 5th Floor, San Antonio, TX 78216

Vice President: Barbara L. Sutherland

Address: Address: 10101 Reunion Place, 5th Floor, San Antonio, TX 78216

Vice President: William T. Meisen

Address: Address: 10101 Reunion Place, 5th Floor, San Antonio, TX 78216

Vice President & Assistant Secretary: Daniel A. Cotter

Address: Address: 225 W. Washington, 6th Floor, Chicago, IL 60606

Vice President, Underwriting: Marilyn A. Brands

Address: Address: 10101 Reunion Place, 5th Floor, San Antonio, TX 78216

Vice President: Alan L. Wynn

Address: Address: 225 W. Washington, 6th Floor, Chicago, IL 60606

Vice President: Daniel Platt

Address: Address: 10101 Reunion Place, 5th Floor, San Antonio, TX 78216

Vice President: Samuel C. Anderson

Address: Address: 10101 Reunion Place, 5th Floor, San Antonio, TX 78216

Vice President: Gail T. Kimpfler

Address: Address: 10101 Reunion Place, 5th Floor, San Antonio, TX 78216

Assistant Controller: Patrick Biesiadecki

Address: Address: 10101 Reunion Place, 5th Floor, San Antonio, TX 78216

Assistant Treasurer: Lynn K. Geurin

Address: Address: 10101 Reunion Place, 5th Floor, San Antonio, TX 78216

Assistant Treasurer: Aaron Wiggans

Address: Address: 10101 Reunion Place, 5th Floor, San Antonio, TX 78216

Assistant Secretary: Evan Miller

Address: Address: 10101 Reunion Place, 5th Floor, San Antonio, TX 78216

Applicant Name: Argonaut-Southwest Insurance Company

NAIC No. 19844

FEIN: 94-6064785

**Uniform Certificate of Authority Application (UCAA)
Certificate of Compliance**

State of Illinois
(Domiciliary state of applicant)

Office of Director of Insurance
(Commissioner, Superintendent, Officer)

I, Michael T. McRaith, hereby certify that I am the*
(name)
Director of Insurance of the State of Illinois
(position)

and have supervision of insurance business in said State and as such I hereby certify that
Argonaut-Southwest Insurance Company

of City of Chicago, County of Cook, Illinois is duly organized under the laws of said State and is
(city/state)

authorized to transact the business of _____
(line of insurance)**
(a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k), (l) of Class 2

(a), (b), (c), (d), (e), (f), (g), (h), (i) of Class 3

_____ insurance in this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand at Springfield, Illinois
(location)

on this 9th day of _____
December, A.D. 20 09
(month)

Michael T. McRaith
(signature)

Michael T. McRaith
(printed name)

* Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.

** Lines of Insurance as shown on Form 3 of UCAA



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