

F2 00000 0387 9

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

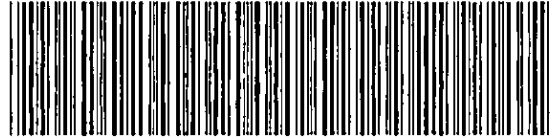
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 SEP -4 AM 11:23

SBF
9/8/20

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 410067 7985168
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 78.75

ORDER DATE : September 2, 2020
ORDER TIME : 1:15 PM
ORDER NO. : 410067-005
CUSTOMER NO: 7985168

FOREIGN FILINGS

NAME: ARGONAUT GREAT CENTRAL
INSURANCE COMPANY

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

2020-09-04 11:23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Argonaut Great Central 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:

Michele Henslee

Name of Person

Argo Group US, Inc.

Firm/Company

2522 Woodbury St

Address

San Antonio, TX 78217

City/State and Zip code

corporateregs@argogroupus.com

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

For further information concerning this matter, please call:

Michele Henslee

at (210) 321-8453

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

**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.*

1. Argonaut Great Central 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. 37-0301640
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. February 10, 1948 5. perpetual
(Date of incorporation) (Date of duration, if other than 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. 225 W Washington St, 24th Fl, Chicago, IL 60606
(Principal office street address)
- PO Box 469011, San Antonio, TX 78246-9011
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Chief Financial Officer
- Office Address: 200 East Gaines Street
- Tallahassee, Florida 32399-4201
(City) (Zip code)

9. 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.

Pursuant to section 48.151(1), Florida Statutes

(Registered agent's signature)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Alan L Wynn
☐ Vice Chairman Address: 225 W Washington St, 24th Fl
☒ Director Chicago, IL 60606
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Gary E Grose
☐ Vice Chairman Address: 225 W Washington St, 24th Fl
☒ Director Chicago, IL 60606
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

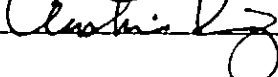
☐ Chairman Name: Timothy D Carter
☐ Vice Chairman Address: 225 W Washington St, 24th Fl
☒ Director Chicago, IL 60606
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Craig S Comeaux
☐ Vice Chairman Address: 175 E Houston St, Ste 1300
☒ Director San Antonio, TX 78205
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Ronald J Swanstrom
☐ Vice Chairman Address: 225 W Washington St, 24th Fl
☒ Director Chicago, IL 60606
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Qualified Actuary ☐ Other _____

☐ Chairman Name: Austin W King
☐ Vice Chairman Address: 175 E Houston St, Ste 1300
☐ Director San Antonio, TX 78205
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.  Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Austin W King, Secretary
(Typed or printed name and capacity of person signing application)

A. DIRECTORS

☐ Chairman Name: Susan B Comparato
☐ Vice Chairman Address: 413 W 14th St, 3rd Fl
☒ Director New York, NY 10014
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other SVP ☒ Other General Counsel

☐ Chairman Name: Lauren T Welch
☐ Vice Chairman Address: 175 E Houston St, Ste 1300
☐ Director San Antonio, TX 78205
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CFO ☐ Other _____

☐ Chairman Name: Dale L Scholl II
☐ Vice Chairman Address: 175 E Houston St, Ste 1300
☐ Director San Antonio, TX 78205
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other VP-Tax ☐ Other _____

☐ Chairman Name: Steven W Laudermilch
☐ Vice Chairman Address: 413 W 14th St, 3rd Fl
☐ Director New York, NY 10014
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other US Chief Claims Officer ☐ Other _____

☐ Chairman Name: Julian C Westbrook III
☐ Vice Chairman Address: 175 E Houston St, Ste 1300
☐ Director San Antonio, TX 78205
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Mary M Stulting
☐ Vice Chairman Address: 175 E Houston St, Ste 1300
☐ Director San Antonio, TX 78205
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

A. DIRECTORS

☐ Chairman Name: Lynn K Geurin

☐ Vice Chairman Address: 175 E Houston St, Ste 1300

☐ Director San Antonio, TX 78205

☐ President _____

☒ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other Asst Treasurer ☐ Other _____

7020 SFW - 4 AM 11:23



WHEREAS, the ARGONAUT GREAT CENTRAL INSURANCE COMPANY
located at Chicago in the State of Illinois was incorporated pursuant to the provisions of
the "Illinois Insurance Code" applicable to said Company:

NOW, THEREFORE, I the undersigned, Director of Insurance of the State of
Illinois, do hereby certify the said Company is authorized to transact its appropriate
business as set forth under Clause(s)

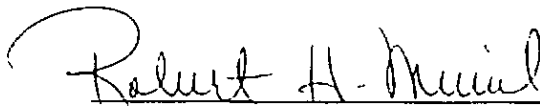
(a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) of Class 2

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

of Section 4 of the "*Illinois Insurance Code*" in this State, in accordance with the laws
thereof.

DEPARTMENT OF INSURANCE of the State
of Illinois;

DATE: August 28, 2020


ROBERT H. MURIEL
DIRECTOR OF INSURANCE



Certificate of Compliance