FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H38382** **(8)**

1. Corporation Name
SUPERIOR INSURANCE COMPANY

Principal Place of Business
3030 N ROCKY POINT RD.
TAMPA FL 33607

Mailing Address
3030 N ROCKY POINT RD.
TAMPA FL 33607

3. Date Incorporated or Qualified: **01/17/1985**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **58-1593875** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**
INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32301

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	MACKIN, H. CARROLL	
STREET ADDRESS	24 DORCHESTER RD.	
CITY-ST-ZIP	DORCHESTER NJ	
TITLE	D	☒ DELETE
NAME	FREEDMAN, A. R.	
STREET ADDRESS	35 PLYMOUTH RD.	
CITY-ST-ZIP	SUMMIT NJ	
TITLE	D	☒ DELETE
NAME	CLAYTON, J. KERRY	
STREET ADDRESS	90 DRUID ROAD	
CITY-ST-ZIP	SUMMIT NJ	
TITLE	D	☒ DELETE
NAME	FAKKERT, ARIE A.	
STREET ADDRESS	RHOONSE DYK 66 3176PN	
CITY-ST-ZIP	POORTUGAAL TH	
TITLE	SV	☒ DELETE
NAME	JOSEPH, MERIL L.	
STREET ADDRESS	4671 SENTINEL POST ROAD	
CITY-ST-ZIP	ATLANTA GA	
TITLE	P	☒ DELETE
NAME	WEXLER, HOWARD B.	
STREET ADDRESS	965 RIVER OVERLOOK	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	☐ Change ☒ Addition
1.2 NAME	G. Gordon Symons	
1.3 STREET ADDRESS	489 Beacon Hall Drive	
1.4 CITY-ST-ZIP	Aurora, Ontario, Canada L4G 3G8	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	Michael A. Pruzan	
2.3 STREET ADDRESS	333 E. 79th Street, Apt. 16P	
2.4 CITY-ST-ZIP	New York, New York 10021	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	Sanjay H. Patel	
3.3 STREET ADDRESS	125 E. 72nd Street, Apt. 10D	
3.4 CITY-ST-ZIP	New York, New York 10021	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	Donald J. Goodenow	
4.3 STREET ADDRESS	1779 Spruce Drive	
4.4 CITY-ST-ZIP	Carmel, Indiana 46032	
5.1 TITLE	D/V/S	☐ Change ☒ Addition
5.2 NAME	David L. Bates	
5.3 STREET ADDRESS	9932 Springstone Road	
5.4 CITY-ST-ZIP	McCordsville, Indiana 46055	
6.1 TITLE	P	☐ Change ☒ Addition
6.2 NAME	Alan G. Symons	
6.3 STREET ADDRESS	4404 N. Meridian	
6.4 CITY-ST-ZIP	Indianapolis, Indiana 46208	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: B.K. Dwyer — June 19, 1996 — 317-259-6419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)