

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33607-1438

3. Date Incorporated or Qualified
01/17/1985

3a. Date of Last Report
07/23/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P. O. BOX 105476 27 Suite, Apt. #, etc. 28 ATLANTA, GA 29 Zip 30 Country	4. FEI Number 58-1593875	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C SYMONS, GORDON G 489 BEACON HALL DRIVE AURORA ON	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	3 QUEEN'S COVE, APT. B6
CITY-ST-ZIP		1.4 CITY-ST-ZIP	FAIRYLANDS, BERMUDA
TITLE	D PRUZAN, MICHAEL A 333 E 79TH STREET, APT 16P NEW YORK NY	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	10021
TITLE	D PATEL, SANJAY H 125 E 72ND STREET APT. 10D NEW YORK NY	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	10021
TITLE	D GOODENOW, DONALD J 1779 SPRUCE DRIVE CARMEL IN	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	46032
TITLE	DVS BATES, DAVID L 9932 SPRINGSTONE ROAD MCCORDSVILLE IN	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	46055
TITLE	P SYMONS, ALAN G 4404 N MERIDIAN INDIANAPOLIS IN	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	46208

14. I do 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 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: *Roger C. Sullivan, Jr.*
ROGER C. SULLIVAN, JR./EXEC. VICE PRESIDENT

4-17-97 800-289-8918
Date Daytime Phone #

CR2E034 (9/96)

SUPERIOR INSURANCE COMPANY

P.O. BOX 30536 • TAMPA, FL • 33630-3536 • (813) 281-2444

ATTACHMENT TO 1997 PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #H38382

SUPERIOR INSURANCE COMPANY

BLOCK NO. 13 (CONTINUED)

7.1 TITLE	VT	<u>X ADDITION</u>
7.2 NAME	GARY P. HUTCHCRAFT	
7.3 STREET ADDRESS	12403 CRYSTAL POINTE CIRCLE	
7.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46236	

8.1 TITLE	V	<u>X ADDITION</u>
8.2 NAME	JACK E. DUNNING, JR.	
8.3 STREET ADDRESS	2158 CUMBERLAND PARKWAY #10206	
8.4 CITY-ST-ZIP	ATLANTA, GA 30339	

9.1 TITLE	V	<u>X ADDITION</u>
9.2 NAME	ROGER C. SULLIVAN, JR.	
9.3 STREET ADDRESS	8925 BAYVIEW COURT	
9.4 CITY-ST-ZIP	GAINESVILLE, GA 30506	
