

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

FILED

May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H38382**
1. Corporation Name
SUPERIOR INSURANCE COMPANY

(8)

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

Mailing Address
**P.O. BOX 105476
ATLANTA GA 30348
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/17/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-1593875	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
INSURANCE COMMISSIONER THE CAPITOL BLDG. TALLAHASSEE FL 32301		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	T/D/V
NAME	SYMONS, GORDON G	1.2 NAME	Gary P. Hutchcraft
STREET ADDRESS	3 QUEEN'S COVE, #B6	1.3 STREET ADDRESS	4720 Kingsway Dr.
CITY-ST-ZIP	FAIRYLANDS BE	1.4 CITY-ST-ZIP	Indianapolis, IN 46205
TITLE	D	2.1 TITLE	V/O
NAME	PRUZAN, MICHAEL A	2.2 NAME	Roger C. Sullivan, Jr.
STREET ADDRESS	333 E 79TH STREET, APT 18P	2.3 STREET ADDRESS	280 Interstate N. Circle, N.W.
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	Atlanta, GA 30339
TITLE	D	3.1 TITLE	
NAME	PATEL, SANJAY H	3.2 NAME	
STREET ADDRESS	125 E 72ND STREET APT. 10D	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	GOODENOW, DONALD J	4.2 NAME	
STREET ADDRESS	1779 SPRUCE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CARMEL IN	4.4 CITY-ST-ZIP	
TITLE	DVS	5.1 TITLE	
NAME	BATES, DAVID L	5.2 NAME	
STREET ADDRESS	9932 SPRINGSTONE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MCCORDSVILLE IN	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	
NAME	SYMONS, ALAN G	6.2 NAME	
STREET ADDRESS	4404 N MERIDIAN	6.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	6.4 CITY-ST-ZIP	

14. 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 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:

[Signature]

Amil 29 98 317-

CR2E034 (10/97)