


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H38382		
1. Entity Name SUPERIOR INSURANCE COMPANY		


FILED

05 OCT -6 PM 4:52

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

Principal Place of Business 2020 CAPITAL CIRCLE SE ALEXANDER BLDG #350 TALLAHASSEE, FL 32302	Mailing Address 4720 KINGSWAY DR INDIANAPOLIS, IN 46205 US
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2. Principal Place of Business 2020 Capital Circle SE	3. Mailing Address P.O. Box 10329
Suite, Apt. #, etc. Alexander Bldg., #350	Suite, Apt. #, etc. ALEXANDER BLDG #350
City & State Tallahassee, FL	City & State TALLAHASSEE FL.
Zip 32301	Country US
Zip 32302-0329	Country USA

	
09222005 REIN-P	CR2E098 (6/04)
4. FEI Number 58-1593875	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MDR SVALDI, MICHAEL J 4720 KINGSWAY DR INDIANAPOLIS, IN 46205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Special Deputy Receiver Michael Svaldi 2020 Capital Circle SE #350 TALL FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deputy Receiver Patti Turpin 2020 Capital Circle SE #350 TALL FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400060301974 10/06/05--01052--002 **150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patti Turpin PATTI TURPIN 7/26/05 1800 413-4500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #