

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H38382

FILED
Apr 28, 2009
Secretary of State

Entity Name: SUPERIOR INSURANCE COMPANY

Current Principal Place of Business:

2020 CAPITAL CIRCLE SE
ALEXANDER BLDG #350
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10329
TALLAHASSEE, FL 323020329 US

New Mailing Address:

FEI Number: 58-1593875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SDR () Delete
Name: SVALDI, MICHAEL
Address: 2020 C.C. SE 350
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: DR (X) Delete
Name: TURPIN, PATTI
Address: 2020 C.C. SE 350
City-St-Zip: TALLAHASSEE, FL 32301 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS (X) Change () Addition
Name: TURPIN, PATTI DEPUTY
Address: 2020 C.C. SE 350
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATTI TURPIN

MS

04/28/2009

Electronic Signature of Signing Officer or Director

Date