

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H38382

Entity Name: SUPERIOR INSURANCE COMPANY

FILED  
Apr 28, 2009  
Secretary of State

**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