

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# H38382

FILED
Sep 30, 2010
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:

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

Current Mailing Address:

P.O. BOX 10329
TALLAHASSEE, FL 323020329 US

New Mailing Address:

P.O. BOX 110
TALLAHASSEE, FL 32302 US

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: NOT REQUIRED

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MS
Name: TURPIN, PATTI DEPUTY
Address: 2020 CAPITAL CIRCLE SE, SUITE #350
City-St-Zip: TALLAHASSEE, FL 32301 US

I hereby 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 all other like empowered.

SIGNATURE: PATTI TURPIN

MS

09/30/2010

Electronic Signature of Signing Officer or Director

Date