

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-05-2003 90105 047 \*\*\*150.00

FILED H38382

SECRETARY OF STATE  
DIVISION OF CORPORATION

03 NOV -7 PM 5:55

DOCUMENT # H38382

1. Entity Name  
SUPERIOR INSURANCE COMPANY



Principal Place of Business  
5843 W. WATERS AVE  
STE 1200  
TAMPA FL 33634

Mailing Address  
4720 KINGSWAY DR  
INDIANAPOLIS IN 46205  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 58-1593875

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003, Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                        |                                            |
|------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DC<br>SYMONS, G GORDAN<br>4720 KINGSWAY DR<br>INDIANAPOLIS IN 46205    | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ALBACATE, GREGG<br>4720 KINGSWAY DR<br>INDIANAPOLIS IN 46205      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPDC<br>PAUL, MARK<br>4720 KINGSWAY DR<br>INDIANAPOLIS IN 46205        | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>REYNOLDS, JEFF<br>4720 KINGSWAY DR<br>INDIANAPOLIS IN 46205       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>ARMSTRONG, BRENDA<br>4720 KINGSWAY DR<br>INDIANAPOLIS IN 46205    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PDCE<br>SYMONS, DOUGLAS H<br>4720 KINGSWAY DR<br>INDIANAPOLIS IN 46205 | <input type="checkbox"/> Delete            |

|                                                |                                                                    |                                                                              |
|------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CCEOPD<br>DOUGLAS H. SYMONS                                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>GINGER DARROUGH<br>4720 KINGSWAY DR., INDIANAPOLIS, IN 46205 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>GREGG ALBACATE                                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>DAVID HAFLING<br>4720 KINGSWAY DR., INDIANAPOLIS, IN 46205    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>BILL BEIKES<br>4720 KINGSWAY DR., INDIANAPOLIS, IN 46205      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BRENDA ARMSTRONG                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Brenda Armstrong*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 8/11/03 317-259-6387  
Daytime Phone #

0147237 AB

CF2E034 (4/03)