

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000029422 (0)

1. Corporation Name

SUPERIOR GUARANTY INSURANCE COMPANY



Principal Place of Business

3030 N. ROCKY POINT RD.
TAMPA FL 33607
US

Mailing Address

P O BOX 105476
ATLANTA GA 30348
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

04/18/1994

4. FEI Number

59-3209601

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

STATE TREASURER AND INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME SYMONS, GORDON G
STREET ADDRESS 3 QUEEN'S COVE APT B6
CITY-ST-ZIP FAIRYLANDS BE

TITLE D ☒ DELETE

NAME PRUZAN, MICHAEL A
STREET ADDRESS 333 E 79TH ST, APT 16P
CITY-ST-ZIP NEW YORK NY

TITLE D ☒ DELETE

NAME PATEL, SANJAY H
STREET ADDRESS 125 E 72ND ST, APT 10D
CITY-ST-ZIP NEW YORK NY

TITLE D ☒ DELETE

NAME GOODENOW, DONALD J
STREET ADDRESS 1779 SPRUCE DR
CITY-ST-ZIP CARMEL IN

TITLE DVS ☐ DELETE

NAME BATES, DAVID L
STREET ADDRESS 9932 SPRINSTONE RD
CITY-ST-ZIP MCCORDSVILLE IN

TITLE P ☐ DELETE

NAME SYMONS, ALAN G
STREET ADDRESS 4404 N MERIDIAN
CITY-ST-ZIP INDIANAPOLIS IN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T/V/D ☐ Change ☒ Addition

1.2 NAME Gary P. Hutchcraft
1.3 STREET ADDRESS 4720 Kingsway Dr.
1.4 CITY-ST-ZIP Indianapolis, IN 46205

2.1 TITLE V/D ☐ Change ☒ Addition

2.2 NAME Roger C. Sullivan, Jr.
2.3 STREET ADDRESS 280 Interstate N. Circle, N.W., Suite 500
2.4 CITY-ST-ZIP Atlanta, GA 30339

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Dennis G. Daggett
3.3 STREET ADDRESS 6000 Grand Ave.
3.4 CITY-ST-ZIP Des Moines, IA 50312

4.1 TITLE D/V ☐ Change ☒ Addition

4.2 NAME Douglas H. Symons
4.3 STREET ADDRESS 4720 Kingsway Dr.
4.4 CITY-ST-ZIP Indianapolis, IN 46205

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an affidavit with an address.

CR2E034 (10/97)

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