


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

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Secretary of State

05-07-1999 90108 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000029422			
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	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Country		
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STATE TREASURER AND INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399-0300		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	c/o <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYMONS, GORDON G	1.2 NAME	
STREET ADDRESS	3 QUEEN'S COVE APT B6	1.3 STREET ADDRESS	4720 Kingsway Dr.
CITY-ST-ZIP	FAIRYLANDS BE	1.4 CITY-ST-ZIP	Indianapolis, IN 46205
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, ROGER C JR	2.2 NAME	
STREET ADDRESS	280 INTERSTATE N CIR, NW STE 500	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAGGETT, DENNIS G	3.2 NAME	
STREET ADDRESS	6000 GRAND AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA 50312	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYMONS, DOUGLAS H	4.2 NAME	
STREET ADDRESS	4720 KINGSWAY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46205	4.4 CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, DAVID L	5.2 NAME	
STREET ADDRESS	9932 SPRINGSTONE RD	5.3 STREET ADDRESS	4720 Kingsway Dr.
CITY-ST-ZIP	MCCORDSVILLE IN	5.4 CITY-ST-ZIP	Indianapolis, IN 46205
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	P/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYMONS, ALAN G	6.2 NAME	
STREET ADDRESS	4404 N MERIDIAN	6.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	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 attachment with an address, with all other like empowered.

SIGNATURE: Douglas H. Symons **DOUGLAS H. SYMONS** **VICE PRESIDENT** **4/29/99 317.259.124**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)