

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000029422

1. Entity Name
SUPERIOR GUARANTY INSURANCE COMPANY

Principal Place of Business

5483 WEST WATERS AVE
STE 1200
TAMPA FL 33634
US

Mailing Address

P O BOX 530009
ATLANTA GA 30339
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3209601

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

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
D SYMONS, GERALD G
STREET ADDRESS 4720 KINGSWAY DR
CITY-ST-ZIP INDIANAPOLIS IN 46205

TITLE NAME ☐ Delete
PD YERANT, GENE
STREET ADDRESS 4720 KINGSWAY DR
CITY-ST-ZIP INDIANAPOLIS IN 46205

TITLE NAME ☒ Delete
D DAGGETT, DENNIS G
STREET ADDRESS 6000 GRAND AVE
CITY-ST-ZIP DES MOINES IA 50312

TITLE NAME ☐ Delete
SD SYMONS, DOUGLAS H
STREET ADDRESS 4720 KINGSWAY DR
CITY-ST-ZIP INDIANAPOLIS IN 46205

TITLE NAME ☒ Delete
TWO DWYER, BRUCE K
STREET ADDRESS 4720 KINGSWAY DR
CITY-ST-ZIP INDIANAPOLIS IN 46205

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

TITLE NAME ☒ Change ☐ Addition
G/S SYMONS, GERALD G.
STREET ADDRESS 4720 Kingsway Dr.
CITY-ST-ZIP Indianapolis IN 46205

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☒ Change ☐ Addition
T/D/V/P Paul, Mark
STREET ADDRESS 4720 Kingsway Dr.
CITY-ST-ZIP Indianapolis IN 46205

TITLE NAME ☒ Change ☐ Addition
D/V/C Symons, Alan G.
STREET ADDRESS 4720 Kingsway Dr.
CITY-ST-ZIP Indianapolis, IN 46205

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Douglas H. Symons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90030 001 *1,650.00

10410



DO NOT WRITE IN THIS SPACE