

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2002 8:00 am**  
**Secretary of State**

09-02-2002 90148 001 \*\*\*550.00

**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**

**4720 Kingsway Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**City & State**  
**Indianapolis, IN**

**4. FEI Number**

**59-3209601**

**Applied For**

**Not Applicable**

**Zip**

**Country**

**Zip** **46205**

**Country** **USA**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

**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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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**

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

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

**TITLE** **TDVP** ☐ Delete  
**NAME** **PAUL, MARK**  
**STREET ADDRESS** **4720 KINGSWAY DRIVE**  
**CITY-ST-ZIP** **INDIANAPOLIS IN 46205**

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

**TITLE** **DVC** ☐ Delete  
**NAME** **SYMONS, ALAN G**  
**STREET ADDRESS** **4720 KINGSWAY DRIVE**  
**CITY-ST-ZIP** **INDIANAPOLIS IN 46205**

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **CD** ☒ Change ☐ Addition  
**NAME** **SYMONS, G. GORDON**  
**STREET ADDRESS** **4720 Kingsway Dr.**  
**CITY-ST-ZIP** **Indianapolis, IN 46205**

**TITLE** **S** ☒ Change ☐ Addition  
**NAME** **ARMSTRONG, BRENDA**  
**STREET ADDRESS** **4720 Kingsway Dr.**  
**CITY-ST-ZIP** **Indianapolis, IN 46205**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **REYNOLDS, JEFF**  
**STREET ADDRESS** **4720 Kingsway Dr.**  
**CITY-ST-ZIP** **Indianapolis, IN 46205**

**TITLE** **P/CEO** ☒ Change ☐ Addition  
**NAME** **SYMONS, DOUGLAS H.**  
**STREET ADDRESS** **4720 Kingsway Dr.**  
**CITY-ST-ZIP** **Indianapolis, IN 46205**

**TITLE** **VP/CFO** ☒ Change ☐ Addition  
**NAME** **PAUL, MARK**  
**STREET ADDRESS** **4720 Kingsway Dr.**  
**CITY-ST-ZIP** **Indianapolis, IN 46205**

**TITLE** **D** ☒ Change ☐ Addition  
**NAME** **ALBACETE, GREGG**  
**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:**

*Brenda Armstrong*

**Brenda Armstrong**

**6/2/02**

**317-259-6387**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

attachment

977600

P94000029422



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

July 25, 2002

SUPERIOR GUARANTY INSURANCE COMPANY  
4720 KINGSWAY DR.  
INDIANAPOLIS, IN 46205 US

SUBJECT: SUPERIOR GUARANTY INSURANCE COMPANY  
Ref. Number: P94000029422

We have received your document for SUPERIOR GUARANTY INSURANCE COMPANY and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

We are unable to waive or reduce the late fee. The corporation received the corporate annual report/uniform business report and notice that failure to file the report by May 1 would result in a \$400.00 late fee.

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Michelle Milligan  
Document Specialist

Letter Number: 102A00045267