

2004 FOR PROFIT CORPORATION ANNUAL REPORT



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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04282004 Chg-P CR2E034 (10/03)

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 4720 KINGSWAY DR INDIANAPOLIS, IN 46205 US	
2. Principal Place of Business 2020 CAPITAL CIRCLE SE Suite, Apt. #, etc. ALEXANDER BING #350 City & State TALLAHASSEE FL Zip 32304		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 59-3209601		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEPD SYMONS, DOUGLAS H 4720 KINGSWAY DR INDIANAPOLIS, IN 46205 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Michael J. Svaldi, Deputy Receiver 4720 Kingsway Drive Indianapolis, IN 46205 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARMSTRONG, BRENDA 4720 KINGSWAY DR INDIANAPOLIS, IN 46205 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DARROUGH, GINER 4720 KINGSWAY DRIVE INDIANAPOLIS, IN 46205 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAFLING, DAVID 4720 KINGSWAY DR INDIANAPOLIS, IN 46205 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANKER, TERRY 4720 KINGSWAY DRIVE INDIANAPOLIS, IN 46205 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALBACETE, GREGG 4720 KINGSWAY DR INDIANAPOLIS, IN 46205 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  PATTI TURPIN		4/18/04 Deputy Receiver	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

7/13/00