

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000029422			
1. Entity Name SUPERIOR GUARANTY INSURANCE COMPANY			
Principal Place of Business 2020 CAPITAL CIRCLE SE ALEXANDER BLDG., #350 TALLAHASSEE, FL 32302 US		Mailing Address 4720 KINGSWAY DR INDIANAPOLIS, IN 46205 US	
2. Principal Place of Business 2020 Capital Circle SE Suite, Apt. #, etc. Alexander Bldg., #350 City & State Tallahassee, FL Zip 32301 Country US		3. Mailing Address P.O. Box 10329 Suite, Apt. #, etc. ALEXANDER BLDG #350 City & State TALLAHASSEE, FL Zip 32302-0329 Country USA	
4. FEI Number 59-3209601		Applied For <input type="checkbox"/> 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MDR SVALDI, MICHAEL J 4720 KINGSWAY DRIVE INDIANAPOLIS, IN 46205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Special Deputy Receiver Michael Svaldi 2020 Capital Circle SE #350 TALL FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deputy Receiver Patti Turpin 2020 Capital Circle SE #350 TALL FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000060362890 10/07/05--01048--024 **150.00
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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: <u>Patti Turpin</u> <u>PATTI TURPIN</u>		Date <u>9/26/05</u> Daytime Phone # <u>(904) 413-4500</u>	

05 OCT -6 AM 9:35
 OCT 11 2005
 TALLAHASSEE, FLORIDA

REINSTATEMENT