

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000029422

**FILED**  
**Oct 01, 2010**  
**Secretary of State**

**Entity Name:** SUPERIOR GUARANTY INSURANCE COMPANY

**Current Principal Place of Business:**

2020 CAPITAL CIRCLE SE  
ALEXANDER BLDG., #350  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

2020 CAPITAL CIRCLE SE  
ALEXANDER BLDG., SUITE #350  
TALLAHASSEE, FL 32301 US

**Current Mailing Address:**

POST OFFICE BOX 10329  
TALLAHASSEE, FL 32302 US

**New Mailing Address:**

POST OFFICE BOX 110  
TALLAHASSEE, FL 32302 US

**FEI Number:** 59-3209601

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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:** NOT REQUIRED

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** MS  
**Name:** TURPIN, PATTI DEPUTY  
**Address:** 2020 CAPITAL CIRCLE SE, SUITE #350  
**City-St-Zip:** TALLAHASSEE, FL 32301 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** PATTI TURPIN

MS

10/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date