FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000029423 (8)**

1. Corporation Name
SUPERIOR AMERICAN INSURANCE COMPANY

Principal Place of Business	Mailing Address
260 INTERSTATE NORTH CIRCLE, N.W. ATLANTA GA 30339	260 INTERSTATE NORTH CIRCLE, N.W. ATLANTA GA 30339

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/18/1994
3a. Date of Last Report: N/A-Original

2. Principal Place of Business	2a. Mailing Address
21 3030 N. Rocky Point Rd.	26 3030 N. Rocky Point Rd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tampa, Florida	City & State 28 Tampa, Florida
Zip / Country 24 33607 / 25	Zip / Country 29 33607 / 30

4. FEI Number: 59-3175013 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STATE TREASURER AND INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399-0300	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	FREEDMAN, ALLEN R	1.2 NAME		
STREET ADDRESS	35 PLYMOUTH RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	SUMMIT NJ 07901	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	MACKIN, HENRY C	2.2 NAME		
STREET ADDRESS	24 DORCHESTER RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	SUMMIT NJ 07901	2.4 CITY-ST-ZIP	Dorchester, NJ 07901	
TITLE	D	3.1 TITLE	P	☒ Change ☐ Addition
NAME	HERMAN, HOWARD W	3.2 NAME	Wexler, Howard B.	
STREET ADDRESS	5650 GLEN ERROL RD	3.3 STREET ADDRESS	965 River Overlook	
CITY-ST-ZIP	ATLANTA GA 30327	3.4 CITY-ST-ZIP	Atlanta, GA 30328	
TITLE	D	4.1 TITLE	T	☒ Change ☐ Addition
NAME	LEO, CARL J	4.2 NAME	Pierson, Steven T.	
STREET ADDRESS	1171 CONGRESS CT.	4.3 STREET ADDRESS	604 Sutton Way	
CITY-ST-ZIP	MARIETTA GA 30068	4.4 CITY-ST-ZIP	Marietta, GA 30064	
TITLE	D	5.1 TITLE	S/V	☒ Change ☐ Addition
NAME	ATKINSON, JEROME A	5.2 NAME	Joseph, Meril L.	
STREET ADDRESS	3463 SUMMERFORD CT.	5.3 STREET ADDRESS	4671 Sentinel Post Road	
CITY-ST-ZIP	MARIETTA GA 30062	5.4 CITY-ST-ZIP	Atlanta, GA 30327	
TITLE		6.1 TITLE	V	☐ Change ☒ Addition
NAME		6.2 NAME	Cizek, James H.	
STREET ADDRESS		6.3 STREET ADDRESS	205 Weatherly Run	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Alpharetta, GA 30202	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steven T. Pierson Steven T. Pierson 4/25/95 (404) 952-4885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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FLORIDA CORPORATION ANNUAL REPORT 1995

SUPERIOR AMERICAN INSURANCE COMPANY
3030 N. ROCKY POINT RD.
TAMPA, FL 33607

DOCUMENT #P94000029423 (8)

OFFICERS AND DIRECTORS, CONTINUED
BLOCK 12

7.1 V	Addition
7.2 Bird, Richard W.	
7.3 393 Sope Creek Ridge	
7.4 Marietta, GA 30068	
8.1 V	Addition
8.2 Hammett, Carla S.	
8.3 1386 Poplar Pointe	
8.4 Smyrna, GA 30080	
9.1 V	Addition
9.2 Hosford, Rochelle W.	
9.3 9350 Delft Way	
9.4 Alpharetta, GA 30202	
10.1 D	Addition
10.2 Clayton, J. Kerry	
10.3 90 Druid Road	
10.4 Summit, NJ 07901	
11.1 D	Addition
11.2 Fakkert, Arie A.	
11.3 Rhoonse Dyk 66 3176PN	
11.4 Poortugaal, The Netherlands	
12.1 D	Addition
12.2 Thomas, J. Grover Jr.	
12.3 1803 Danforth Drive	
12.4 Marietta, GA 30062	