

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P94000029423 (8)**
1. Corporation Name
SUPERIOR AMERICAN INSURANCE COMPANY



Principal Place of Business
**3030 N. ROCKY POINT RD.
TAMPA FL 33607
US**

Mailing Address
**P.O. BOX 105476
ATLANTA GA 30348
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/18/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3175013	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent STATE TREASURER AND INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399-0300				10. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input type="checkbox"/> DELETE		1.1 TITLE	TR/V/O	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SYMONS, GORDON G			1.2 NAME	Gary A. Hutchcraft		
STREET ADDRESS	9 QUEEN'S COVE, APT. B6			1.3 STREET ADDRESS	4720 Kingsway Dr.		
CITY-ST-ZIP	FAIRYLANDS BE			1.4 CITY-ST-ZIP	Indianapolis, IN 46205		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V/O	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PRUZAN, MICHAEL A			2.2 NAME	Roger C. Sullivan, Jr.		
STREET ADDRESS	933 E 79TH ST APT. 160			2.3 STREET ADDRESS	280 Interstate N. Circle, N.W. Suite 500		
CITY-ST-ZIP	NEW YORK NY			2.4 CITY-ST-ZIP	Atlanta, GA 30339		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PATEL, SANJAY H			3.2 NAME	Dennis G. Daggett		
STREET ADDRESS	125 E. 72ND STREET, APT. 10D			3.3 STREET ADDRESS	6000 Grand Ave.		
CITY-ST-ZIP	NEW YORK NY			3.4 CITY-ST-ZIP	Des Moines, IA 50312		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D/V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GOODENOW, DONALD J			4.2 NAME	Douglas H. Symons		
STREET ADDRESS	1779 SPRUCE DRIVE			4.3 STREET ADDRESS	4720 Kingsway Dr.		
CITY-ST-ZIP	CARMEL IN			4.4 CITY-ST-ZIP	Indianapolis, IN 46205		
TITLE	DVS	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BATES, DAVID L			5.2 NAME			
STREET ADDRESS	9932 SPRINGSTONE RD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	MCCORDSVILLE IN			5.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SYMONS, ALAN G			6.2 NAME			
STREET ADDRESS	4404 N. MERIDIAN			6.3 STREET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS IN			6.4 CITY-ST-ZIP			

14. 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 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.

CR2E034 (10/97)