

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90108 036 \*\*\*150.00

DOCUMENT # **P94000029423**

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

3. Date Incorporated or Qualified

**04/18/1994**

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☐ DELETE  
NAME **SYMONS, GORDON G**  
STREET ADDRESS **3 QUEEN'S COVE, APT. B6**  
CITY-ST-ZIP **FAIRYLANDS BE**

TITLE **VD** ☐ DELETE  
NAME **SULLIVAN, ROGER C JR**  
STREET ADDRESS **280 INTERSTATE N CIR, NW STE 500**  
CITY-ST-ZIP **ATLANTA GA 30339**

TITLE **D** ☐ DELETE  
NAME **DAGGETT, DENNIS G**  
STREET ADDRESS **6000 GRAND AVE**  
CITY-ST-ZIP **DES MOINAS IA 50312**

TITLE **DV** ☐ DELETE  
NAME **SYMONS, DOUGLAS H**  
STREET ADDRESS **4720 KINGSWAY DR**  
CITY-ST-ZIP **INDIANAPOLIS IN 46205**

TITLE **DVS** ☐ DELETE  
NAME **BATES, DAVID L**  
STREET ADDRESS **9932 SPRINGSTONE RD.**  
CITY-ST-ZIP **MCCORDSVILLE IN**

TITLE **P** ☐ DELETE  
NAME **SYMONS, ALAN G**  
STREET ADDRESS **4404 N. MERIDIAN**  
CITY-ST-ZIP **INDIANAPOLIS IN**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **C/O** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**4720 Kingsway Dr.**  
**Indianapolis, IN 46205**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**4720 Kingsway Dr.**  
**Indianapolis, IN 46205**

**P/O**  
**4720 Kingsway Dr.**  
**Indianapolis, IN 46205**

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, with all other like empowered.

SIGNATURE: **Douglas H. Symons**  
DOUGLAS H. SYMONS  
VICE PRESIDENT

**4/29/99** **317.259.6300**  
Date Daytime Phone #

CR2E034 (1/98)