2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)						
DOCUMENT # P94000029423					Sep 18, 2001 8:00 am Secretary of State	
SUPERIOR AMERICAN INSURANCE COMPANY 09-18-2001 90030 001 *1,650.00						
Principal Place of Business 5483 W. WATERS AVE STE 1200 TAMPA FL 33834 US		Mailing Address P.O. BOX 530009 ATLANTA GA 3033 US	P.O. BOX 530009 ATLANTA GA 30339		_ 6 C T 6 V	
2. Principal P	ace of Business	3. Mailing Addres	3. Mailing Address		E DOUGLOOK TO TOUCH BOUND ORALL ORALL SOURCE TRAVE SOURCE STATE AND TRAVE AND TRAVE AND TRAVE	
Suite, Apt.	#, etc.	Suite, Apt. #, et	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & Stat	е	City & State	City & State		4. FEI Number 59-3175013 Applied For Not Applicable	
Zip Country		Zip ,	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Name				Name	7. Name and Address of New Registered Agent	
STATE TREASURER AND INSURANCE COMMISSIONER THE CAPITOL				Street Address (P.O. Box Number is Not Acceptable)		
	SEE FL 32399-0300					
			City		FL Zip Code	
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.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE/IS \$550.00 After September 12, 2001; Fee will be \$750.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution.						
11.		CERS AND DIRECTORS	12.	1-2	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO Symons, Gordon G 4720 Kingsway Dr Indianapolis in 4620	□ Dele	NAME STREE	ET ADDRESS ST-ZIP	Disposition Change Maddition Lipsos Teff 1720 Kingsway Dr. ndianapolis, IN 46205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KYERANT, GENE 4720 KINGSWAY DR INDIANAPOLIS IN 4620	□ Delt	NAME STREE	T ADDRESS 2	PIO ☐ Change ☐ Addition Jerant, Gens 1720 KingswayDr. Indianapolis, IN 44205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAGGETT, DENNIS G 6000 GRAND AVE DES MOINAS IA 50312	⊠ Dele	NAME STREE	T ADDRESS	Dacete, Gregg 11 bacete, Gregg 1720 Kingsway Dr ndianapolis, IN 46205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SYMONS, DOUGLAS H 4720 KINGSWAY DR INDIANAPOLIS IN 4620		NAME STREE	T ADDRESS ST-ZIP	Change Addition	
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	TVD DWYER, BRUCE K 4720 KINGSWAY DR INDIANAPOLIS IN 4620	™S Delo	NAME STREE	T ADDRESS	DITIVP AUI, Mark 1720 Kingsway Dr. Indianaplis, 14 46205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SYMONS, ALAN G 4720 KINGSWAY DR INDIANAPOLIS IN 4620		NAME Stree City-	ET ADDRESS ST-ZIP	D/VC ⊠Change □Addition Symens, Alan G 1720 Kingsway Dr. Indianaplis (N. 46205	
13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylitre Phone #						