

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000029423

1. Entity Name
SUPERIOR AMERICAN INSURANCE COMPANY



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 13 PM 3:49

Principal Place of Business
5483 W. WATERS AVE
STE 1200
TAMPA, FL 33634 US

Mailing Address
4720 KINGSWAY DR
INDIANAPOLIS, IN 46205 US

05-03-04 90726009 \$150.00



2. Principal Place of Business
3030 CAPITAL CTR SE

3. Mailing Address

Suite, Apt. #, etc.
ALEXANDER BLDG #350

Suite, Apt. #, etc.

City & State
TALLAHASSEE FL

City & State

Zip
32302

Country

Zip

Country

04282004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3175013

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CPCE	<input checked="" type="checkbox"/> Delete
NAME	SYMONS, DOUGLAS H	
STREET ADDRESS	4720 KINGSWAY DR	
CITY-ST-ZIP	INDIANAPOLIS, IN 46205	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ARMSTRONG, BRENDA	
STREET ADDRESS	4720 KINGSWAY DR	
CITY-ST-ZIP	INDIANAPOLIS, IN 46205	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DARROUGH, GINGER	
STREET ADDRESS	4720 KINGSWAY DR	
CITY-ST-ZIP	INDIANAPOLIS, IN 46205	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HAFLING, DAVID	
STREET ADDRESS	4720 KINGSWAY DR	
CITY-ST-ZIP	INDIANAPOLIS, IN 46205	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BEIKES, BILL	
STREET ADDRESS	4720 KINGSWAY DR	
CITY-ST-ZIP	INDIANAPOLIS, IN 46205	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALBACETE, GREGG	
STREET ADDRESS	4720 KINGSWAY DR	
CITY-ST-ZIP	INDIANAPOLIS, IN 46205	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael J. Svaldi, Deputy Receiver	
STREET ADDRESS	4720 Kingsway Drive	
CITY-ST-ZIP	Indianapolis, IN 46205	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patti Turpin PATTI TURPIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Deputy Receiver

Daytime Phone #

7/13/00