


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000029423 1. Entity Name SUPERIOR AMERICAN INSURANCE COMPANY			
Principal Place of Business 2020 CAPITAL CIRCLE SE ALAXANDER BLDG., #350 TALLAHASSEE, FL 32302 US		Mailing Address 4720 KINGSWAY DR INDIANAPOLIS, IN 46205 US	
2. Principal Place of Business 2020 Capital Circle SE Suite, Apt. #, etc. Alexander Bldg., #350 City & State Tallahassee, FL Zip Country 32301 US		3. Mailing Address P.O. Box 10329 Suite, Apt. #, etc. ALEXANDER BLDG., #350 City & State TALLAHASSEE, FL. Zip Country 32302-0329 USA	
4. FEI Number 59-3175013		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MDR SVALDI, MICHAEL J 4720 KINGSWAY DR INDIANAPOLIS, IN 46205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MDR SVALDI, Michael J 2020 Capital Circle SE #350 TALL FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deputy Receiver Patti Turpin 2020 Capital Circle SE #350 TALL FL 32301	000060259310 10/05/05--01056--008 ***150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 05	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Roberts OCT 05	
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: <u>Patti Turpin</u> <u>PATTI TURPIN</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>9/24/05</u> Daytime Phone #: <u>(850) 413-4500</u>	

FILED
05 OCT -5 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09222005 REIN-P CR2E098 (6/04)

4. FEI Number
59-3175013

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MDR
SVALDI, MICHAEL J
4720 KINGSWAY DR
INDIANAPOLIS, IN 46205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

MDR
SVALDI, Michael J
2020 Capital Circle SE #350
TALL FL 32301

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Deputy Receiver
Patti Turpin
2020 Capital Circle SE #350
TALL FL 32301

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000060259310
10/05/05--01056--008 ***150.00

☐ Change ☐ Addition

TITLE
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REINSTATEMENT 05

☐ Change ☐ Addition

TITLE
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T. Roberts OCT 05

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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

Date: 9/24/05 Daytime Phone #: (850) 413-4500

T. Roberts OCT 05