

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-US-2003 90105 046 ---150.00
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DOCUMENT # P94000029423

1. Entity Name
SUPERIOR AMERICAN INSURANCE COMPANY



FILED
CLERK OF DISTRICT COURT
DIVISION OF CORPORATION

03 NOV -7 PM 5:55

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

Mailing Address
4720 KINGSWAY DR
INDIANAPOLIS IN 46205
US

200024968812
11/24/03--01028--019 **1200.00

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD
NAME SYMONS, GORDON G ☒ Delete
STREET ADDRESS 4720 KINGSWAY DR
CITY-ST-ZIP INDIANAPOLIS IN 46205

TITLE CPCEOD
NAME DOUGLAS H. SYMONS ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME ARMSTRONG, BRENDA ☐ Delete
STREET ADDRESS 4720 KINGSWAY DR
CITY-ST-ZIP INDIANAPOLIS IN 46205

TITLE TD
NAME GINGER DARROUGH ☒ Change ☒ Addition
STREET ADDRESS 4720 KINGSWAY DR., INDIANAPOLIS, IN 46205
CITY-ST-ZIP

TITLE D
NAME REYNOLDSS, JEFF ☒ Delete
STREET ADDRESS 4720 KINGSWAY DR
CITY-ST-ZIP INDIANAPOLIS IN 46205

TITLE V
NAME DAVID HAFLING ☒ Change ☒ Addition
STREET ADDRESS 4720 Kingsway Dr., INDIANAPOLIS, IN 46205
CITY-ST-ZIP

TITLE PCEO
NAME SYMONS, DOUGLAS H ☐ Delete
STREET ADDRESS 4720 KINGSWAY DR
CITY-ST-ZIP INDIANAPOLIS IN 46205

TITLE V
NAME BILL BEIKES ☐ Change ☒ Addition
STREET ADDRESS 4720 KINGSWAY DR., INDIANAPOLIS, IN 46205
CITY-ST-ZIP

TITLE VPCF
NAME PAUL, MARK ☒ Delete
STREET ADDRESS 4720 KINGSWAY DR
CITY-ST-ZIP INDIANAPOLIS IN 46205

TITLE D
NAME TERRY ANKER ☐ Change ☒ Addition
STREET ADDRESS 12850 NORFOLK CIRCLE, CARMEL, IN 46032
CITY-ST-ZIP

TITLE D
NAME ALBACETE, GREGG ☐ Delete
STREET ADDRESS 4720 KINGSWAY DR
CITY-ST-ZIP INDIANAPOLIS IN 46205

TITLE SD
NAME BRENDA ARMSTRONG ☒ Change ☐ Addition
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:

Brenda Armstrong

8/11/03

317-259-6387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)