

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 08, 1999 8:00 am
Secretary of State

05-08-1999 90023 014 ***550.00

DOCUMENT # P97000068864

1. Corporation Name

AMERICAN SUPERIOR INSURANCE COMPANY

Principal Place of Business

8669 N.W. 36TH STREET
SUITE 100
MIAMI FL 33166

Mailing Address

8669 N.W. 36TH STREET
SUITE 100
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1997

4. FEI Number

65-0777128

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME VAN METER, WILLIAM
STREET ADDRESS 435 DOCK SIDE DR. UNIT #503
CITY-ST-ZIP NAPLES FL 34100

TITLE D ☐ DELETE

NAME RENFRO, TIMOTHY A
STREET ADDRESS 961 THREEWOOD
CITY-ST-ZIP BOWLING GREEN KY 42103

TITLE D ☐ DELETE

NAME BERMAN, LOUIS M
STREET ADDRESS 5595 THREE SPRINGS ROAD
CITY-ST-ZIP BOWLING GREEN KY 42103

TITLE D ☐ DELETE

NAME MORGAN, JOHN
STREET ADDRESS 1827 TODD TRACE COURT
CITY-ST-ZIP BOWLING GREEN KY 42103

TITLE D ☐ DELETE

NAME LATTA, WILLIAM S
STREET ADDRESS 1019 COUNTRY CLUB DRIVE
CITY-ST-ZIP HENDERSON KY 42420

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tim Renfro

5/1/99

(305) 592-9060

Date

Daytime Phone #

CR2E034 (11/98)

0241804