

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000068864

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: AMERICAN SUPERIOR INSURANCE COMPANY

Current Principal Place of Business:

LAKESIDE OFFICE CENTER
600 NORTH PINE ISLAND ROAD
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

LAKESIDE OFFICE CENTER
600 NORTH PINE ISLAND ROAD
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 65-0777128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: VAN METER, WILLIAMS
Address: 611 18TH STREET SOUTH
City-St-Zip: NAPLES, FL 34102

Title: PD () Delete
Name: RENIRO, TIMOTHY
Address: 2945 SURREY LANE
City-St-Zip: WESTON, FL 33331

Title: D () Delete
Name: LATTA, WILLIAM S
Address: P.O. BOX 29
City-St-Zip: HENDERSON, KY 42420

Title: D () Delete
Name: HUDSON, GREG
Address: P.O. BOX 250, 230 GREG HUDSON DR.
City-St-Zip: PROVIDENCE, KY 42420

Title: D () Delete
Name: BERTA, VINCE A
Address: 907 ELMWOOD CT
City-St-Zip: BOWLING GREEN, KY 42103

Title: D () Delete
Name: DUER, RICHARD
Address: 3501 SW BIMINI CR., N
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: RENFRO, TIMOTHY
Address: 2945 SURREY LANE
City-St-Zip: WESTON, FL 33331

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM A. RENFRO

PD

04/29/2002

Electronic Signature of Signing Officer or Director

_____ Date