2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 29, 2004 8:00 am Secretary of State DOCUMENT # P97000068864 03-29-2004 90045 041 ***150.00 AMERICAN SUPERIOR INSURANCE COMPANY Principal Place of Business Mailing Address LAKESIDE OFFICE CENTER **LAKESIDE OFFICE CENTER** 600 NORTH PINE ISLAND ROAD 600 NORTH PINE ISLAND ROAD PLANTATION, FL 33324 PLANTATION, FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-0777128 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. CD ☐ Change ■ KAddition TITLE ☐ Delete TITLE Gallagher, Patrick VAN METER, WILLIAMS NAME NAME 600 N. Pine Island Rd, Ste 400 Plantation, Florida 33324 STREET ADDRESS 611 18TH STREET SOUTH STREET ADDRESS Plantation, Florida CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34102 PD TITLE K Delete TITLE Change Addition Van Meter, William RENFRO, TIMOTHY NAME NAME 600 N. Pine Island Road, Ste 400 Plantation, Florida 33324 2945 SURREY LANE STREET ADDRESS STREET ADDRESS Plantation, Florida CITY-ST-ZIP WESTON, FL 33331 CITY-ST-ZIE n Change ☐ Addition TITLE TITLE ☐ Delete Latta, William S 600 N. Pine Island Road, Ste 400 LATTA: WILLIAM S NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 29 Plantation, Florida 33324 CITY-ST-ZIP CITY-ST-ZIP HENDERSON, KY 42420 ☐ Delete TITLE **☐**Change Addition HUDSON, GREG NAME NAME Berta, Vince A STREET ADDRESS P.O. BOX 250, 230 GREG HUDSON DR. STREET ADDRESS 600 N. Pine Island Road, Ste 400 CITY-ST-ZIP PROVIDENCE, KY 42420 CITY-ST-ZIP Plantation, Florida 33324 Change TITLE ☐ Delete TITLE ☐ Addition Hudson, Greg 600 N. Pine Island Road, Ste 400 Plantation, Florida 33324 BERTA, VINCE A NAME NAME STREET ADDRESS 907 ELMWOOD CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOWLING GREEN, KY 42103 Delete ☐ Addition TITLE TITLE DUER, RICHARD NAME NAME Duer, Richard 600 N. Pine Island Road, Ste 400 STREET ADDRESS 3501 SW BIMINI CR., N STREET ADDRESS CITY-ST-ZIP Plantation, Florida CITY-ST-ZIP PALM CITY, FL 34990

FILED

954-577-2200

Date:

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 of trustee empowered to execute his 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 impowered.

Patrick Gallagher, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: