

P970000068864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

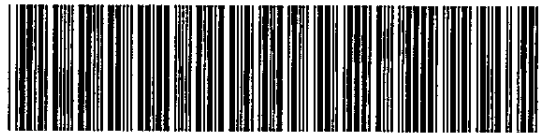
(Document Number)

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05/03/04--01026--019 **35.00

FILED
04 MAY 21 AM 10:25
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Superior Insurance Company
(Name of corporation)

DOCUMENT NUMBER: P9700068864

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Werner E. Kruck

(Name of person)

American Superior Insurance Company

(Name of firm/company)

600 North Pine Island Road, Suite 400

(Address)

Plantation, FL 33324

(City/state and zip code)

For further information concerning this matter, please call:

Werner E. Kruck

(Name of person)

at (954) 577-2200

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FILED
MAY 21 AM 10:25
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 7, 2004

WERNER E. KRUCK
AMERICAN SUPERIOR INSURANCE COMPANY
600 N PINE ISLAND RD., STE. 400
PLANTATION, FL 33324

SUBJECT: AMERICAN SUPERIOR INSURANCE COMPANY
Ref. Number: P97000068864

We have received your document for AMERICAN SUPERIOR INSURANCE COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 604A00031589

Done to 5/11/04
Thank you Irene.
Liza

RECEIVED
04 MAY 21 AM 7:23
DIVISION OF CORPORATIONS

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: American Superior Insurance Company
2. The principal office address: 600 North Pine Island Road, Suite 400
Plantation, FL 33324
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8-8-1997 Document number: P9700068864

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Chief Financial Officer
P.O. Box 6200 / 200 E. Gaines Street
Tallahassee, FL 32399

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Werner E. Kruck
600 North Pine Island Road, Suite 400
(P.O. Box or personal mailbox NOT acceptable)
Plantation, FL 33324

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04 MAY 21 AM 10:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Patrick Gallagher
(Signature of an officer or director)

Patrick Gallagher, President / CEO
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

W E Kruck
(Signature of Registered Agent)

4/23/2004
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314