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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704933
1. Corporation Name
FLORIDA INSURANCE COUNCIL, INC.

Principal Place of Business: 1430 PIEDMONT DR E, TALLAHASSEE FL 32312, US
Mailing Address: P O BOX 13686, TALLAHASSEE FL 32317-3686, US



2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 12/13/1962

4. FEI Number: 59-0996633 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

9. Name and Address of Current Registered Agent
PEARCE, CECIL L.
1430 PIEDMONT DR EAST
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent
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 617.0502 and 617.1508, 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 617.0503, 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	CD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, ANDREW G	1.2 NAME	Martinez, Andrew G.
STREET ADDRESS	111-B S MONROE ST	1.3 STREET ADDRESS	111-B S. Monroe Street
CITY-ST-ZIP	TALLAHASSEE FL 32301	1.4 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	PC <input checked="" type="checkbox"/> DELETE	2.1 TITLE	BTC <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIGHTOWER, MICHAEL R	2.2 NAME	Betty Sutherland
STREET ADDRESS	532 RIVERSIDE AVENUE	2.3 STREET ADDRESS	8381 Dix Ellis Trail, Ste 400
CITY-ST-ZIP	JACKSONVILLE FL 32231	2.4 CITY-ST-ZIP	Jacksonville, FL 32203
TITLE	VCT <input type="checkbox"/> DELETE	3.1 TITLE	IC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, ROBERT A	3.2 NAME	Henderson, Robert A.
STREET ADDRESS	315 S CALHOUN ST STE 849	3.3 STREET ADDRESS	315 S. Calhoun St, Ste 849
CITY-ST-ZIP	TALLAHASSEE FL 32301	3.4 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	VC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEEHAN, DAVID K	4.2 NAME	
STREET ADDRESS	360 CENTRAL AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33701	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESS, ROY F., JR.	5.2 NAME	
STREET ADDRESS	611 COMMERCE STREET, STE. 2605	5.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37203	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, JOSEPH J JR.	6.2 NAME	
STREET ADDRESS	1275 MILWAUKEE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	GLENVIEW IL 60025	6.4 CITY-ST-ZIP	

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 617, 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 REQUIRED 4/30/99 850-386-6668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

Mr. J. M. 'Pepe' Alvarez
President
Union American Insurance Company
2500 N. W. 79th Avenue
Miami, FL 33122

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CNA Insurance Companies
CNA Plaza
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Mr. Richard Austin
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Mr. Roy Bess
Vice President, Government Affairs
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FLORIDA INSURANCE COUNCIL, INC.
BOARD OF DIRECTORS CONT.

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Page 3 of 3
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