



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90106 044 ***150.00

DOCUMENT # F00000006998					
1. Entity Name INTERLEX INSURANCE COMPANY					
Principal Place of Business 1343 EAST KINGSLEY SUITE G SPRINGFIELD, MO 65804		Mailing Address 1343 EAST KINGSLEY SUITE G SPRINGFIELD, MO 65804		<p style="text-align: right; font-size: 1.2em;">50010857</p> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01132006 Chg-P CR2E034 (11/05)	
Zip		Country		4. FEI Number 43-1327896	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WORTELBOER, ROB 1000 RIVERSIDE AVE., STE 800 JACKSONVILLE, FL 32204			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, ROBERT E JR		NAME	Sicilian, Louis V.	
STREET ADDRESS	200 E. KARI COURT		STREET ADDRESS	1000 Riverside Avenue, 8th Floor	
CITY-ST-ZIP	JACKSONVILLE, FL 32259		CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THORPE, KIM D		NAME	Divita, Charles III	
STREET ADDRESS	8282 RIDING CLUB RD		STREET ADDRESS	225 Water Street, Suite 1400	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COWN, ROBERTA G		NAME	Wortelboer, Robert L., Jr.	
STREET ADDRESS	4443 ROYAL TERN COURT		STREET ADDRESS	1000 Riverside Avenue, 8th Floor	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	ASX AS	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKS, PEGGY A		NAME	Rominger, Elizabeth	
STREET ADDRESS	5024 RIPPLE RUSH DR. N.		STREET ADDRESS	1000 Riverside Avenue, 8th Floor	
CITY-ST-ZIP	JACKSONVILLE, FL 32257		CITY-ST-ZIP	Jacksonville, FL 32204	
TITLE	CD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPATARO, PETER F		NAME	Pippin, Samuel J.	
STREET ADDRESS	9035 FERNALD		STREET ADDRESS	1343 E. Kingsley, Suite G	
CITY-ST-ZIP	ST LOUIS, MO		CITY-ST-ZIP	Springfield, MO 65804	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WULFF, ROBERT A SR		NAME	Stark, Cynthia K.	
STREET ADDRESS	18131 BENT RIDGE		STREET ADDRESS	1343 E. Kingsley, Suite G	
CITY-ST-ZIP	WILDWOOD, MO 63038		CITY-ST-ZIP	Springfield, MO 65804	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or trustee empowered to execute this 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 empowered.					
SIGNATURE: <i>Peggy A Parks</i>			Peggy A. Parks, Assistant Secretary		(904) 360-3605
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

FPIC
INSURANCE GROUP, INC.

ATTACHMENT
50010857

April 10, 2006

Florida Department of State
Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302-1500

Re: Interlex Insurance Company (F00000006998)

Dear Sir/Madam:

Enclosed for filing is the 2006 For Profit Corporation Annual Reports for Interlex Insurance Company, together with our check in the amount of \$150.00 representing the required filing fee.

Please call me at (904) 360-3605 if you have any questions.

Yours truly,



Peggy A. Parks
Assistant Corporate Secretary/
Director of Paralegal Services

Enclosure (Check No. 0000034336)
Annual Report/2006/Interlex.041006