


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90026 012 ***150.00

DOCUMENT # J74455 1. Entity Name FLORIDA LAWYERS MUTUAL INSURANCE COMPANY					
Principal Place of Business 3504 LAKE LYNDA DR STE 325 ORLANDO, FL 32817 US			Mailing Address 3504 LAKE LYNDA DR STE 325 ORLANDO, FL 32817 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2810665	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <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, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	D BRADDOCK, DONALD LAYTON 10742 WAVERLEY BLUFF WAY JACKSONVILLE, FL 32223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kimberly A. Bald 202 old Main Street Bradenton, FL 34205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FERRERO, RAYMOND R JR 707 S E 3RD AVE S 600 FT. LAUDERDALE, FL 33316		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOPPLET, AVA K. 255 SOUTH ORANGE AVENUE, SUITE 1401 ORLANDO, FL 32802		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOUCKS, WILLIAM E 3504 LAKE LYNDA DR ORLANDO, FL 32817		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Loucks, William E. 3504 Lake Lynda Dr. #325 Orlando, FL 32817	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DISQUE, PHILIP A 707 SE 3RD AVENUE SUITE 400 FT LAUDERDALE, FL 33316		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABADIN, RAMON A. 9155 S. DADELAND BLVD. # 1218 MIAMI, FL 33156		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	
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: <u>William E Loucks, PRES.</u> 4-10-08 407-382-1400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

2008 UNIFORM BUSINESS REPORT (UBR)
Florida Lawyers Mutual Insurance Company
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10. OFFICERS AND DIRECTORS (continued)

Title D
Name GIBBS, CRAIG
Address 1200 RIVERPLACE BLVD., STE. 810
JACKSONVILLE, FL 32207

Title D
Name GOODLETTE, J. DUDLEY
Address 4001 TAMIAMI TRAIL N., STE. 300
NAPLES, FL 33940

Title D
Name HARKNESS, JOHN F.
Address 650 APALACHEE PARKWAY
TALLAHASSEE, FL 32399-2300

Title D
Name LYTAL, LAKE JR.
Address 515 N. FLAGLER DRIVE, STE. 1000
WEST PALM BEACH, FL 33401

Title D
Name RAPPENECKER, STEPHEN A.
Address STE. C, MERIDIEN CENTRE
2700 N.W. 43RD STREET
GAINESVILLE, FL 32606

Title D
Name SONDAK, ROBERT M.
Address 9400 S. DADELAND BLVD., STE. 600
MIAMI, FL 33156

Title D
Name STAGG, C. LAWRENCE
Address 401 E. JACKSON STREET, STE. 1700
TAMPA, FL 33602

Title D
Name WILLIAMS, GARY
Address 227 S. CALHOUN STREET
TALLAHASSEE, FL 32301

ATTACHMENT

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10. OFFICERS AND DIRECTORS (continued)

Title	D
Name	ALAN B. BOOKMAN
Address	30 South Spring Street Pensacola, FL 32502

Title	D
Name	JULIET M. ROULHAC
Address	10300 N.W. 18 th Place Plantation, FL 33322