

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J74455

FILED
Mar 03, 2011
Secretary of State

Entity Name: FLORIDA LAWYERS MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

3504 LAKE LYNDA DR
STE 325
ORLANDO, FL 32817 US

New Principal Place of Business:

Current Mailing Address:

3504 LAKE LYNDA DR
STE 325
ORLANDO, FL 32817 US

New Mailing Address:

FEI Number: 59-2810665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: BRADDOCK, DONALD
Address: 10742 WAVERLEY BLUFF WAY
City-St-Zip: JACKSONVILLE, FL 32223

Title: CD
Name: FERRERO, RAYMOND R JR
Address: 707 S E 3RD AVE S 600
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: PD
Name: LOUCKS, WILLIAM E
Address: 3504 LAKE LYNDA DR. #325
City-St-Zip: ORLANDO, FL 32817

Title: SD
Name: DOPPELT, AVA
Address: 255 SOUTH ORANGE AVE., STE. 1401
City-St-Zip: ORLANDO, FL 32801

Title: TD
Name: DISQUE, PHILIP A
Address: 707 SE 3RD AVENUE SUITE 400
City-St-Zip: FT LAUDERDALE, FL 33316

Title: D
Name: ABADIN, RAMON A.
Address: 9155 S. DADELAND BLVD. # 1208
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM E. LOUCKS

P

03/03/2011

Electronic Signature of Signing Officer or Director

Date

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ATTACHMENT

2011 UNIFORM BUSINESS REPORT (UBR)
Florida Lawyers Mutual Insurance Company
Document # J74455

3/3/11

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 4751 GULFSHORE BLVD., NORTH, PH-5
NAPLES, FL 33940

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 2251 NW 41st STREET, SUITE B
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 5303 W. SAN NICHOLAS STREET
TAMPA, FL 33629

Title D
Name WILLIAMS, GARY
Address 307 ROSEHILL DRIVE, EAST
TALLAHASSEE, FL 32312

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. 18th Place
Plantation, FL 33322

Title D
Name KIMBERLY A. BALD
Address 202 OLD MAIN STREET
BRADENTON, FL 34205