

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000075422

FILED
Mar 03, 2011
Secretary of State

Entity Name: FLORIDA LAWYERS INSURANCE AGENCY, INC.

Current Principal Place of Business:

3504 LAKE LYNDA DRIVE
SUITE 325A
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

3504 LAKE LYNDA DRIVE
SUITE 325A
ORLANDO, FL 32817

New Mailing Address:

FEI Number: 59-3679331 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, WILLIAM L JR
1590 ISLAND LANE
26
ORANGE PARK, FL 32003 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: STAGG, LAWRENCE
Address: 5303 W. SAN NICHOLAS STREET
City-St-Zip: TAMPA, FL 33629

Title: D
Name: SONDAK, ROBERT M
Address: 9400 S. DADELAND BLVD., STE 600
City-St-Zip: MIAMI, FL 33156

Title: D
Name: DOPPELT, AVA K
Address: 851 MAYFIELD AVENUE
City-St-Zip: WINTER PARK, FL 32789

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

Title: SD
Name: WILLIAMS, GARY
Address: 307 ROSEHILL DRIVE, EAST
City-St-Zip: TALLAHASSEE, FL 32312

Title: TD
Name: DISQUE, PHILIP A
Address: 707 S.E. 3RD AVENUE, STE 400
City-St-Zip: FORT LAUDERDALE, FL 33316

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 Insurance Agency, Inc.
Document # P00000075422

3/3/11

10. OFFICERS AND DIRECTORS, continued

Title D
Name ALAN B. BOOKMAN
Address 30 SOUTH SPRING STREET
PENSACOLA, FLORIDA 32502

Title EVP
Name JONES, MARY F.
Address 3504 LAKE LYNDA DRIVE, STE. 325
ORLANDO, FL 32817