

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704933

Entity Name: FLORIDA INSURANCE COUNCIL, INC.**Current Principal Place of Business:**150 SOUTH MONROE STREET
SUITE 206
TALLAHASSEE, FL 32301**Current Mailing Address:**P O BOX 749
TALLAHASSEE, FL 32302-0749 US**FEI Number:** 59-0996633**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PEARCE, CECIL
150 SOUTH MONROE STREET, SUITE 206
TALLAHASSEE, FL 32301 US*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

Officer/Director Detail :

Title CHAIR ELECT
Name WARD, DAVID
Address 11225 NORTH COMMUNITY HOUSE
ROAD
City-State-Zip: CHARLOTTE NC 28277

Title PRESIDENT
Name PEARCE, CECIL
Address 150 S. MONROE STREET, SUITE 206
City-State-Zip: TALLAHASSEE FL 32301

Title TREASURER
Name MUSSER, ERIC
Address 6101 ANACAPRI BLVD
City-State-Zip: LANSING MI 48917

Title CHAIR
Name BALADY, MICHELE
Address 7450 ARROYO CROSSING
SUITE 250
City-State-Zip: LAS VEGAS NV 89113

Title IMMEDIATE PAST CHAIR
Name VALDES, GIL
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title SECRETARY
Name PIZZI, DAVID
Address 4800 DEERWOOD CAMPUS PARKWAY
DCC 8-2
City-State-Zip: JACKSONVILLE FL 32246

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CECIL PEARCE

PRESIDENT

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date