

2013 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: Yes

Name and Address of Current Registered Agent:

PEARCE, CECIL
P O BOX 749
TALLAHASSEE, FL 32302-0749 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 TREASURER
Name ETERNO, MARIANNE
Address 1275 MILWAUKEE AVENUE
City-State-Zip: GLENVIEW IL 60025

Title OTHER, INCOMING CHAIR
Name GEIGER, BILL
Address 570 CARILLON PARKWAY
City-State-Zip: ST. PETERSBURG FL 33716

Title DIRECTOR
Name TRAFTON, JAMES
Address 315 S. CALHOUN STREET, SUITE 850
City-State-Zip: TALLAHASSEE FL 32301

Title CHAIRMAN
Name CORRIGAN, PETER
Address 1301 RIVERPLACE BOULEVARD,
SUITE 1700
City-State-Zip: JACKSONVILLE FL 32207

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

Title SECRETARY
Name SMITH, STEVEN D.
Address 4800 DEERWOOD CAMPUS PARKWAY
City-State-Zip: JACKSONVILLE FL 32246-8273

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

04/25/2013

Electronic Signature of Signing Officer/Director Detail

Date