

2017 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
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	DIRECTOR
Name	TRAFTON, JAMES
Address	315 S. CALHOUN STREET, SUITE 850
City-State-Zip:	TALLAHASSEE FL 32301

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

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

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

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

Title	CHAIR
Name	SMITH, MALCOLM
Address	1932 WYNNTON ROAD
City-State-Zip:	COLUMBUS GA 31999

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

04/05/2017

Electronic Signature of Signing Officer/Director Detail

Date