

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005221

Entity Name: FLORIDA WORKERS' COMPENSATION INSURANCE
GUARANTY ASSOCIATION, INCORPORATED**Current Principal Place of Business:**1400 OVEN PARK DRIVE
TALLAHASSEE, FL 32308**Current Mailing Address:**P.O. BOX 15159
TALLAHASSEE, FL 32317 US**FEI Number: 59-3469214****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LYDECKER, RICHARD ESQ.
C/O LYDECKER | DIAZ
1221 BRICKELL AVE, 19TH FLOOR
MIAMI, FL 33131 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	CHAIRMAN
Name	STAHL, THOMAS W
Address	1400 OVEN PARK DRIVE
City-State-Zip:	TALLAHASSEE FL 32308

Title	SECRETARY
Name	ROBINSON, SANDRA J
Address	1400 OVEN PARK DRIVE
City-State-Zip:	TALLAHASSEE FL 32308

Title	TREASURER
Name	STREUKENS, THOMAS D
Address	1400 OVEN PARK DRIVE
City-State-Zip:	TALLAHASSEE FL 32308

Title	VC
Name	PALCZYNSKI, RICHARD
Address	1400 OVEN PARK DRIVE
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	WILLINGHAM, WILLIAM
Address	1400 OVEN PARK DRIVE
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	COSTA, JIM
Address	1400 OVEN PARK DRIVE
City-State-Zip:	TALLAHASSEE FL 32308

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: THOMAS D. STREUKENS**TREASURER****02/04/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date