

2014 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 P.O. BOX 15159
City-State-Zip: TALLAHASSEE FL 32317

Title SECRETARY
Name ROBINSON, SANDRA J
Address P.O. BOX 15159
City-State-Zip: TALLAHASSEE FL 32317

Title TREASURER
Name STREUKENS, THOMAS D
Address P.O. BOX 15159
City-State-Zip: TALLAHASSEE FL 32317

Title VC
Name PALCZYNSKI, RICHARD
Address P.O. BOX 15159
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name WILLINGHAM, WILLIAM
Address P.O. BOX 15159
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name COSTA, JIM
Address P.O. BOX 15159
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name GRIPPA, ANTHONY
Address P.O. BOX 15159
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name CONWAY, DAVID
Address P.O. BOX 15159
City-State-Zip: TALLAHASSEE FL 32317

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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****01/22/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name STIEGEL, BRETT
Address P.O. BOX 15159
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name WELCH, CINA
Address P.O. BOX 15159
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name HAIR, ALAN
Address P.O. BOX 15159
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name WEBER, JOHN
Address P.O. BOX 15159
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name BURGESS, STEVE
Address P.O. BOX 15159
City-State-Zip: TALLAHASSEE FL 32317