

**2024 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, TREASURER
Name	NEAL, COREY T
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	DEVIERE, ROBERT
Address	P.O. BOX 15159
City-State-Zip:	TALLAHASSEE FL 32317

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

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

**Continues on page 2**

*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: COREY NEAL****EXECUTIVE DIRECTOR****01/31/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

Title                 DIRECTOR  
Name                OSWALD, SAM  
Address             PO BOX 15159  
City-State-Zip:    TALLAHASSEE FL 32317