

2022 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	CONWAY, DAVID
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	WELCH, CINA
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

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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: COREY NEAL**SECRETARY/TREASURER 02/25/2022**_____
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