

**2021 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 STREUKENS, THOMAS D  
Address P.O. BOX 15159  
City-State-Zip: TALLAHASSEE FL 32317

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

Title DIRECTOR  
Name SPEARS, TIMOTHY  
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

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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****TREASURER****02/08/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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 STEVENS, THERESE  
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

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