

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J74455

Entity Name: FLORIDA LAWYERS MUTUAL INSURANCE COMPANY**Current Principal Place of Business:**541 E. MITCHELL HAMMOCK ROAD
OVIEDO, FL 32765**Current Mailing Address:**541 E. MITCHELL HAMMOCK ROAD
OVIEDO, FL 32765 US**FEI Number:** 59-2810665**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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	D
Name	BRADDOCK, DONALD
Address	10742 WAVERLEY BLUFF WAY
City-State-Zip:	JACKSONVILLE FL 32223

Title	SD
Name	DOPPELT, AVA
Address	255 SOUTH ORANGE AVE., STE. 1401
City-State-Zip:	ORLANDO FL 32801

Title	DIRECTOR
Name	LOUCKS, WILLIAM E
Address	ONE NORTH CAMILLIA COURT
City-State-Zip:	ORANGE CITY FL 32763

Title	DIRECTOR
Name	GOODLETTE, DUDLEY J
Address	4751 GULFSHORE BLVD. NORTH, PH-5
City-State-Zip:	NAPLES FL 33940

Title	CD
Name	FERRERO, RAYMOND RJR
Address	707 S E 3RD AVE S 600
City-State-Zip:	FT. LAUDERDALE FL 33316

Title	TD
Name	DISQUE, PHILIP A
Address	707 SE 3RD AVENUE SUITE 400
City-State-Zip:	FT LAUDERDALE FL 33316

Title	DIRECTOR
Name	GIBBS, CRAIG
Address	1200 RIVERPLACE BLVD. 810
City-State-Zip:	JACKSONVILLE FL 32207

Title	DIRECTOR
Name	LYTAL, LAKE JR.
Address	1304 LAKE WORTH LANE
City-State-Zip:	NORTH PALM BEACH FL 33408

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JASON A. FOGG**PRESIDENT****02/01/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RAPPENECKER, STEPHEN A
Address 2251 NW 41ST STREET
B
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR
Name STAGG, C. LAWRENCE
Address 5303 W. SAN NICHOLAS STREET
City-State-Zip: TAMPA FL 33629

Title DIRECTOR
Name BALD, KIMBERLY A
Address 202 OLD MAIN STREET
City-State-Zip: BRADENTON FL 34205

Title DIRECTOR
Name LIOCE, DOMENICK R
Address 3001 PGA BOULEVARD
305
City-State-Zip: PALM BEACH GARDENS FL 33410

Title PRESIDENT
Name FOGG, JASON A
Address 541 E. MITCHELL HAMMOCK ROAD
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR
Name SONDAK, ROBERT M
Address 9400 S. DADELAND BLVD.
600
City-State-Zip: MIAMI FL 33156

Title DIRECTOR
Name WILLIAMS, C. GARY
Address 307 ROSEHILL DRIVE E.
City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR
Name BOOKMAN, ALAN B
Address 30 SOUTH SPRING STREET
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR
Name ROULHAC, JULIET M
Address 10300 NW 18TH PLACE
City-State-Zip: PLANTATION FL 33322