

**2022 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	GIBBS, CRAIG
Address	1200 RIVERPLACE BLVD. 810
City-State-Zip:	JACKSONVILLE FL 32207

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

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	GOODLETTE, DUDLEY J
Address	4751 GULF SHORE BLVD. NORTH, PH- 5
City-State-Zip:	NAPLES FL 33940

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

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

**SIGNATURE:** WILLIAM E. LOUCKS**PRESIDENT****03/31/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

Title DIRECTOR  
Name ABADIN, RAMON  
Address 2333 PONCE DE LEON BLVD.  
BAC COLONNADE SUITE 314  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name WILLIAM, JOSEPH SCHIFINO JR.  
Address 2408 S. DUNDEE STREET  
City-State-Zip: TAMPA FL 33629

Title DIRECTOR  
Name SCRIVEN, LANSING C  
Address 3903 NORTHDAL BLVD  
100E  
City-State-Zip: TAMPA FL 33624

Title PRESIDENT  
Name SARGENT, CATHLEEN M  
Address 541 E. MITCHELL HAMMOCK ROAD  
City-State-Zip: OVIEDO FL 32765

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

Title DIRECTOR  
Name HARKNESS, JOHN F JR.  
Address 3737 KIMMER ROWE ROAD  
City-State-Zip: TALLAHASSEE FL 32309

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

Title DIRECTOR  
Name GLOVER, GORDON  
Address 101 SW 3RD STREET  
City-State-Zip: OCALA FL 34471

Title DIRECTOR  
Name LYTAL, III, LAKE H  
Address 515 N. FLAGLER DRIVE  
1000  
City-State-Zip: WEST PALM BEACH FL 33401