

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000075422

**Entity Name:** FLORIDA LAWYERS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

541 E. MITCHELL HAMMOCK ROAD, STE. 100  
OVIEDO, FL 32765

**Current Mailing Address:**

541 E. MITCHELL HAMMOCK ROAD, STE. 100  
OVIEDO, FL 32765

**FEI Number:** 59-3679331

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FLORIDA LAWYERS MUTUAL INSURANCE COMPANY  
541 E. MITCHELL HAMMOCK ROAD  
OVIEDO, FL 32765 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:** CAROL COADY

03/31/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title D  
Name DOPPELT, AVA K  
Address 851 MAYFIELD AVENUE  
City-State-Zip: WINTER PARK FL 32789

Title DP  
Name LOUCKS, WILLIAM E  
Address 541 E. MITCHELL HAMMOCK ROAD  
City-State-Zip: OVIEDO FL 32765

Title SD  
Name WILLIAMS, GARY  
Address 307 ROSEHILL DRIVE, EAST  
City-State-Zip: TALLAHASSEE FL 32312

Title TD  
Name DISQUE, PHILIP A  
Address 707 S.E. 3RD AVENUE, STE 400  
City-State-Zip: FORT LAUDERDALE FL 33316

Title EVP  
Name JONES, MARY F  
Address 541 E. MITCHELL HAMMOCK ROAD  
City-State-Zip: OVIEDO FL 32765

*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