2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743976

FILED Jul 18, 2007 Secretary of State

Entity Name: FLORIDA LAWYERS' LEGAL INSURANCE CORPORATION

Current Principal Place of Business: New Principal Place of Business: 651 EAST JEFFERSON STREET TALLAHASSEE, FL 323992300 **Current Mailing Address: New Mailing Address:** 651 EAST JEFFERSON STREET 650 APALACHEE PARKWAY TALLAHASSEE, FL 323992300 FEI Number: 59-1932693 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FERDIE, AINSLEE R 717 PONCE DE LEON SUITE 215 CORAL GABLES, FL 33134 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition GAY, GREGORY G. Name: GAY, GREGORY G., Name: 5318 BALSAM STREET Address: 5318 BALSAM STREET Address: City-St-Zip: NEW PORT RICHEY, FL City-St-Zip: NEW PORT RICHEY, FL Title: () Delete Title: () Change () Addition FERDIE, AINSLEE R Name: Name: Address: 717 PONCE DE LEON, #215 Address: City-St-Zip: CORAL GABLES, FL City-St-Zip: Title: () Delete Title: () Change () Addition BENNETT, G. DAN Name: Name: 651 EAST JEFFERSON STREET Address: Address: City-St-Zip: TALLAHASSEE, FL 323992300 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: AMBER, LAURIE K Name: 7731 SW 62ND AVE SUITE 202 Address: Address: City-St-Zip: SOUTH MIAMI, FL 33143 City-St-Zip: Title: () Delete Title: (X) Change () Addition GARRETT, WILLIAM R GARRETT, WILLIAM R Name: Name: 433 HARRISON AVE. 433 HARRISON AVE. Address: Address: City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: PANAMA CITY, FL 32401 Title: () Delete Title: (X) Change () Addition PENICHET, PAUL F BYRD, ALAN P Name: Name: Address: 19 W. FLAGLER ST, SUITE 907, BISCAYNE BLDG Address: 1031 IVES DAIRY RD MIAMI, FL 331304400 MIAMI, FL 33179 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: G DAN BENNETT T 07/18/2007