2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 21, 2008 8:00 am Secretary of State

DOCUMENT # 743976 1. Entity Name FLORIDA LAWYERS' LEGAL INSURANCE CORPORATION							07-21-200	8 90032	007 ****6	51.25
	e of Business FFERSON STREET E, FL 32399-2300	Mailing Address 651 EAST JEFFERSON STREET - 650 APALACHEE PARKWAY TALLAHASSEE, FL 32399-2300								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address USI East Jefferson Street			reet					
Suite, Apt.		Suite, Apt. #, etc.				07072008	Chg-NP	CR2E0	37 (12/06)	
City & State		Tallahassee, Fl				4. FEI Number 59-1932693				oplied For ot Applicable
Zip -	Country	32399-2300	Le	•			of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		• • • • • • • • • • • • • • • • • • • •		7. Name and	Address of New	Registered	Agent	
FERDIE A	INSLEE R			Name						
FERDIE, AINSLEE R 717 PONCE DE LEON SUITE 215				Street Address (P.O. Box Number is Not Acceptable)						
CORAL G	ABLES, FL 33134									
				City	FL Zip Code					
		***************************************	-		r register	ed agent, or both	, in the State of F	lorida. I am	familiar with,	and accept
Filing Fee is \$61.25 9. Election Campaign			Registered	1 Agent signat	ture required	when reinstating)		DATE		
Di		9. Election Can	npaign Fi	inancing		\$5.00 May Be Added to Fees			k payable to	
	Filing Fee is \$61.25 ue by September 12, 2008	9. Election Cam Trust Fund C	npaign Fi	inancing		\$5.00 May Be Added to Fees	Flo	Make checi rida Depar	tment of Si	tate
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12. I revery ceruity that the information supplied with this filling does not quality for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6.08

850-561-5636

Daytime P