2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 29, 2006 8:00 am Secretary of State 03-29-2006 90117 003 ****61.25

1 Entity Name	A SELF-INSURERS GUARA	NTY A SSOCIATION	1,				
Principal Place of Business 1427 E. PIEDMONT DRIVE - 2ND FLOOR TALLAHASSEE, FL 32308 US Mailing Address 1427 E. PIEDMONT DRIVE TALLAHASSEE, FL 32308				100000	Ik adual kada idah dian dian bidi bidi diak antik dian	IIII u a a e n u nl	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03232006 Chg	g-NP CR2E037 (11/05)		
City & State		City & State		4. FEI Number 59-2225004	<u> </u>	pplied For ot Applicable	
Zìp	Country	Zip	Country	5. Certificate of Stat	us Desired		
	6. Name and Address of Current F	Registered Agent	•	7. Name and Addre	ss of New Registered Agent		
	MARK W DERAL HIGHWAY~-EIGHTH FI ERDALE, FL- 8 8804	±99R	Street Address 641 Bea	Street Address (P.O. Box Number is Not Acceptable) 641 Beard Street			
			City Tallaha	assee	FL 3230	ie)3	
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent a	teel	s registered office or regis	io co agont, or cons, in a	3/27/06	, and accept	
					Date		
	Filing Fee is \$61.25 Due by May 1, 2006		mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make check payable Florida Department of S		
10.	Due by May 1, 2006 OFFICERS AND DIR	Trust Fund	mpaign Financing	\$5.00 May Be Added to Fees	Florida Department of S	N 10	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2006	Trust Fund	mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Florida Department of S	State	
TITLE NAME STREET ADDRESS	OFFICERS AND DIR C REVELS, CLAUDE D 9985 PRITCHARD RD.	Trust Fund	mpaign Financing Contribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Florida Department of S	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2006 OFFICERS AND DIR C REVELS, CLAUDE D 9985 PRITCHARD RD. JACKSONVILLE, FL 32219 D YOUNG, ARDEN K 133 PEACHTREE ST NE	Trust Fund	mpaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Florida Department of S S TO OFFICERS AND DIRECTORS I Change	N 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2006 OFFICERS AND DIR C REVELS, CLAUDE D 9985 PRITCHARD RD. JACKSONVILLE, FL 32219 D YOUNG, ARDEN K 133 PEACHTREE ST NE ATLANTA, GA 30303 S LESTER, MARY M 200 E. GAINES ST.	Trust Fund Delete	mpaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Florida Department of S S TO OFFICERS AND DIRECTORS I Change Change	N 10 Addition Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Due by May 1, 2006 OFFICERS AND DIR C REVELS, CLAUDE D 9985 PRITCHARD RD. JACKSONVILLE, FL 32219 D YOUNG, ARDEN K 133 PEACHTREE ST NE ATLANTA, GA 30303 S LESTER, MARY M 200 E. GAINES ST. TALLAHASSEE, FL 323990336 T REYES, ROBERT F 305 S. GADSDEN ST.	Trust Fund Delete Delete	mpaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees	Florida Department of S	N 10 Addition Addition Addition	

I hereby certify that the information supplied with this filing 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:

OF SIGNING OFFICER OR DIRECTOR

1 24, 2006

222-1882



Brian D. Gee, Executive Director

ATTACHMENT

#765018

BOARD OF DIRECTORS – 2006

Ms. Kathleen M. Davies (Director)
Vice President, Insurance & Risk Management
Limited Brands, Inc.
Three Limited Parkway
Columbus, Ohio 43230
614/415-7031 (Phone)
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kdavies@limitedbrands.com (E-Mail)

Ms. Mary M. "Trilly" Lester (Secretary)
Division of Risk Management
Department of Financial Services
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Trilly.Lester@fldfs.com (E-Mail)

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Executive Vice President
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Corporate Safety Director
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claude.revels@jmfamily.com (E-Mail)

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Barreto, Cunningham, May, Dudley, Maloy,
& Reyes LLC
108 S. Monroe Street, Suite 200
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Mr. Arden K. Young (Vice-Chairman)
Corporate Manager, Workers' Compensation
Georgia-Pacific Corporation
133 Peachtree Street, N.E.
Atlanta, Georgia 30303
404/652-4382 (Phone)
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akyoung@gapac.com (E-Mail)

There are currently 2 vacancies on the Board of Directors for the Florida Self-Insurers Guaranty Association.