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04-08-1999 90115 018 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 770542

1. Corporation Name
WORKERS' COMPENSATION CARRIERS OF FLORIDA, INC.

Principal Place of Business
 116 S MONROE ST
 STE 300
 TALLAHASSEE FL 32301
 US

Mailing Address
 P O BOX 846
 P.O. BOX 846
 TALLAHASSEE FL 32302
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/03/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2342530	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STAHL, THOMAS W. 817 NORTH GADSDEN ST TALLAHASSEE FL 32303				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				116 S. Monroe St., Third Floor			
				83			
				84	City	FL	85 Zip Code
				32301			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 4-7-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMERSON, JIM	1.2 NAME	
STREET ADDRESS	302 S MASSACHUSETTS AV	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, EARL	2.2 NAME	
STREET ADDRESS	4401 E COLONIAL DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, EARL	3.2 NAME	
STREET ADDRESS	9485 REGENCY SQUARE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OBERHARDT, DORIS	4.2 NAME	
STREET ADDRESS	1363 E LAFAYETTE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 3/31/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)