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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # H81115

1. Corporation Name
FLORIDA PHYSICIANS INSURANCE COMPANY, INC.

Principal Place of Business	Mailing Address
SUITE 800 1000 RIVERSIDE AVENUE JACKSONVILLE FL 32204	SUITE 800 1000 RIVERSIDE AVENUE JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/10/1985

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 59-6614702 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32204	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAPIRO, DAVID M 4035 EVANS AVE FT MYERS FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Acosta-Rua, Gaston J. 1000 Riverside Avenue, 8th Floor Jacksonville, FL 32204	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LUCKMAN, PAUL T P.O. BOX 44033 JAX FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Bagby, Richard J. 1000 Riverside Avenue, 8th Floor Jacksonville, FL 32204	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Bridges, James W. 1000 Riverside Avenue, 8th Floor Jacksonville, FL 32204	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Gause, Curtis E. 1000 Riverside Avenue, 8th Floor Jacksonville, FL 32204	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Hagen, J. Stewart 1000 Riverside Avenue, 8th Floor Jacksonville, FL 32204	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D McCoy, Terence P. 1000 Riverside Avenue, 8th Floor Jacksonville, FL 32204	☐ Change ☒ Addition

(Con't)

CR2E034 (11/98)

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 607, 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 REQUIRED Donald J. Sabia 1/29/99 (904) 354-5910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
(Continuation)

1.1 Title	D	Addition
1.2 Name	Moya, Frank	
1.3 Address	801 Arthur Godfrey Road, Suite 400	
1.4 City,ST-Zip	Miami Beach, FL 33140	
1.1 Title	D	Addition
1.2 Name	Murray, Louis C	
1.3 Address	1000 Riverside Avenue, 8th Floor	
1.4 City,ST-Zip	Jacksonville, FL 32204	
1.1 Title	D/CEO	Addition
1.2 Name	Russell, William R.	
1.3 Address	1000 Riverside Avenue, 8th Floor	
1.4 City,ST-Zip	Jacksonville, Fl 32204	
1.1 Title	D	Addition
1.2 Name	Selander, Guy T.	
1.3 Address	1000 Riverside Avenue, 8th Floor	
1.4 City,ST-Zip	Jacksonville, FL 32204	
1.1 Title	D/P/COO	Addition
1.2 Name	Smith, Steven R.	
1.3 Address	1000 Riverside Avenue, 8th Floor	
1.4 City,ST-Zip	Jacksonville, FL 32204	
1.1 Title	D	Addition
1.2 Name	White, James G.	
1.3 Address	1000 Riverside Avenue, 8th Floor	
1.4 City,ST-Zip	Jacksonville, FL 32204	
1.1 Title	D	Addition
1.2 Name	Yonge, Henry R.	
1.3 Address	1000 Riverside Avenue, 8th Floor	
1.4 City,ST-Zip	Jacksonville, FL 32204	
1.1 Title	SVP/CIO	Addition
1.2 Name	Rosenbloom, Steven M.	
1.3 Address	1000 Riverside Avenue, 8th Floor	
1.4 City,ST-Zip	Jacksonville, FL 32204	
1.1 Title	SVP/CFO	Addition
1.2 Name	Finch, Robert B.	
1.3 Address	1000 Riverside Avenue, 8th Floor	
1.4 City,ST-Zip	Jacksonville, FL 32204	
1.1 Title	VP/S	Addition
1.2 Name	Emanuel, Charles W.	
1.3 Address	1000 Riverside Avenue, 8th Floor	
1.4 City,ST-Zip	Jacksonville, FL 32204	

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1.1 Title	VP	Addition
1.2 .Name	Carey, Ray A.	
1.3 Address	1000 Riverside Avenue, 8th Floor	
1.4 City,ST-Zip	Jacksonville, FL 32204	
1.1 Title	VP	Addition
1.2 Name	Whitter, R. Jeannie	
1.3 Address	1000 Riverside Avenue, 8th Floor	
1.4 City,ST-Zip	Jacksonville, FL 32204	
1.1 Title	VP	Addition
1.2 Name	Driscoll, Kurt F.	
1.3 Address	1000 Riverside Avenue, 8th Floor	
1.4 City,ST-Zip	Jacksonville, FL 32204	
1.1 Title	VP/COM	Addition
1.2 Name	Sabia, Donald J.	
1.3 Address	1000 Riverside Avenue, 8th Floor	
1.4 City,ST-Zip	Jacksonville, FL 32204	