2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State
01-31-2001 90261 014 ***150.00

DOCUMENT # H81115

1. Entity 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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32204

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAPIRO, DAVID M 17301 FRANK RD. ALVA FL 33920	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2152 Sea Fern Way St. George Island, FL 32328
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LUCKMAN, PAUL T P.O. BOX 44033 JAX FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Klein, H. Raymond, D.D.S. 943 Cesery Blvd. Jacksonville, FL 32211 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ACOSTA-RUA, GASTON J 2323 OAK STREET JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Thrasher, John 225 Water Street, Suite 1800 Jacksonville, FL 32202 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAGBY, RICHARD 4138 SHORECREST RD. ORLANDO FL 32804	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP White, Robert E., Jr. 1000 Riverside Avenue, 8th Floor Jacksonville, FL 32204 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRIDGES, JAMES W 1190 NW 95TH ST. #110 MIAMI FL 33150	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP,S Wortelboer, Robert L., Jr. 1000 Riverside Avenue, 8th Floor Jacksonville, FL 32204 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAUSE, CURTIS E 1000 RIVERSIDE AVENUE, 8TH FLR JACKSONVILLE FL 32204	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Izzo, Gary 1000 Riverside Avenue, 8th Floor Jacksonville, FL 32204 ☐ Change ☒ Addition

CR2E034 (10/00)

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Kim D. Thorpe 1/24/01 (904) 354-2482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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CONTINUATION
OF
NUMBERS 11 AND 12

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Title Name St. Address City-ST-Zip	D Hagen, J. Stewart, M.D. 1420 South Brandywine Circle Ft. Myers, FL 33919		
Title Name St. Address City-ST-Zip	D McCoy, Terence P., M.D. 2412 West Plaza Drive Tallahassee, FL 32308		
Title Name St. Address City-ST-Zip	D Moya, Elizabeth M., Esq. 1320 S. Dixie Highway, Ste. 1060 Coral Gables, FL 33146		
Title Name St. Address City-ST-Zip	D Selander, Guy T., M.D. 1731 University Boulevard South Jacksonville, FL 32216		
Title Name St. Address City-ST-Zip	D White, James G., M.D. 1688 W. Granada Blvd., Ste. 2B Ormond Beach, FL 32174		
Title Name St. Address City-ST-Zip	D, P, COO Rader, David L. 1000 Riverside Avenue, 8th Floor Jacksonville, FL 32204	Title Name St. Address City-ST-Zip	D, P, CEO ☑ **Change**
Title Name St. Address City-ST-Zip	D, CEO ☑ **Delete** Russell, William R. 225 Water Street, Suite 1400 Jacksonville, FL 32202		
Title Name St. Address City-ST-Zip	SVP, S Byers, John R. 225 Water Street, Suite 1400 Jacksonville, FL 32202	Title Name St. Address City-ST-Zip	D, SVP ☑ **Change**
Title Name St. Address City-ST-Zip	SVP, CFO, T Thorpe, Kim D. 225 Water Street, Suite 1400 Jacksonville, FL 32202		
Title Name St. Address City-ST-Zip	SVP ☑ **Delete** Rosenbloom, Steven M. 1000 Riverside Avenue, 8th Floor Jacksonville, FL 32204	Title Name St. Address City-ST-Zip	VP ☑ **Addition** Rapp, Cliff 1000 Riverside Avenue, 8th Floor Jacksonville, FL 32204
Title Name	VP Carey Ray A.		

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St. Address City-ST-Zip	1000 Riverside Avenue, 8th Floor Jacksonville, FL 32204		
Title Name St. Address City-ST-Zip	VP Whitter, R. Jeannie 1000 Riverside Avenue, 8th Floor Jacksonville, FL 32204		
Title Name St. Address City-ST-Zip	VP Driscoll, Kurt F. 1000 Riverside Avenue, 8th Floor Jacksonville, FL 32204		
Title Name St. Address City-ST-Zip	VP ☑ **Delete** Dixon, Melodee S. 1000 Riverside Avenue, 8th Floor Jacksonville, FL 32204	Title Name St. Address City-ST-Zip	AVP ☑ **Addition** Brackett, C. Joseph 1000 Riverside Avenue, 8th Floor Jacksonville, FL 32204
Title Name St. Address City-ST-Zip	Controller ☑ **Delete** Deyo, Pamela D. 225 Water Street, Suite 1400 Jacksonville, FL 32202		
Title Name St. Address City-ST-Zip	AS ☑ **Delete** Parks, Peggy A. 225 Water Street, Suite 1400 Jacksonville, FL 32202	Title Name St. Address City-ST-Zip	AS ☑ **Addition** Lanfri, Carol 1000 Riverside Avenue, 8th Floor Jacksonville, FL 32204