FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
03-11-2002 90074 032 ***150.00

DOCUMENT # H81115

1. Entity Name
First Professionals Insurance Company, Inc. (f/k/a Florida Physicians Insurance Company, Inc.)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1000 Riverside Avenue	225 Water Street
Suite, Apt. #, etc.: 8th Floor	Suite, Apt. #, etc.: Suite 1400
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
Zip: 32204 Country: USA	Zip: 32202 Country: USA

DO NOT WRITE IN THIS SPACE

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Insurance Commissioner

Street Address (P.O. Box Number is Not Acceptable): The Capital Building

City: Tallahassee FL Zip Code: 32399

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 SEE ATTACHED SHEETS

TITLE	D	TITLE	
NAME	Acosta-Rua, M.D., Gaston J.	NAME	
STREET ADDRESS	2323 Oak Street	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, Florida 32204	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Bagby, M.D., Richard J.	NAME	
STREET ADDRESS	4138 Shorecrest Road	STREET ADDRESS	
CITY-ST-ZIP	Orlando, Florida 32804	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Bridges, M.D., James W.	NAME	
STREET ADDRESS	8935 N.E. 10th Avenue	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	Miami, Florida 33188	CITY-ST-ZIP	
TITLE	D	TITLE	IN THIS SPACE
NAME	Byers, John R.	NAME	
STREET ADDRESS	225 Water Street, Suite 1400	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, Florida 32202	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Klein, D.D.S., H. Raymond	NAME	
STREET ADDRESS	943 Cesery Boulevard	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, Florida 32211	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	McCoy, M.D., Terence P.	NAME	
STREET ADDRESS	2412 West Plaza Drive	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, Florida 32308	CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Robert L. Wortelboer, Jr. 2/22/02 (904) 354-5910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # Ext. 3281

4204414

CONTINUATION OF
NUMBER 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Title	D		
Name	Moya, Esq., Elizabeth M.		
St. Address	1320 South Dixie Highway, Ste. 1060		
City-ST-Zip	Coral Gables, Florida 33146		
Title	D/P/CEO		
Name	Rader, David L.		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, Florida 32204		
Title	D		
Name	Selander, M.D., Guy T.		
St. Address	1731 University Boulevard South		
City-ST-Zip	Jacksonville, Florida 32216		
Title	D		
Name	Shapiro, M.D., David M.		
St. Address	5810 North Monroe St., Ste. 400, #304		
City-ST-Zip	Tallahassee, Florida 32303		
Title	D		
Name	Thrasher, Esq., John		
St. Address	225 Water Street, Suite 1800		
City-ST-Zip	Jacksonville, Florida 32202		
Title	D		
Name	White, M.D., James G.		
St. Address	1688 W. Granada Boulevard, Suite 2B		
City-ST-Zip	Ormond Beach, Florida 32174		
Title	EVP/COO		
Name	White, Jr., Robert E.		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, Florida 32204		
Title	VP		
Name	Carey, Ray A.		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, Florida 32204		
Title	Asst. VP		
Name	Brackett, C. Joseph		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, Florida 32204		
Title	VP		
Name	Whitter, R. Jeannie		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, Florida 32204		
Title	VP		
Name	Driscoll, Kurt F.		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, Florida 32204		

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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Title	VP/S		
Name	Wortelboer, Jr., Robert L.		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, Florida 32204		
Title	VP		
Name	Izzo, Gary F.		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, Florida 32204		
Title	VP		
Name	Rapp, Cliff		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, Florida 32204		
Title	VP		
Name	Mawhinney, Joseph		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, Florida 32204		
Title	VP/T		
Name	Sicilian, Louis		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, Florida 32204		
Title	AS		
Name	Lanfri, Carol		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, Florida 32204		

FPIC INSURANCE GROUP, INC.

420414

February 22, 2002

Division of Corporations
Uniform Business Report Filings
Post Office Box 1500
Tallahassee, Florida 32302-1500

Re: First Professionals Insurance Company, Inc. (f/k/a Florida Physicians Insurance Company, Inc.) (H81115)

Dear Sir/Madam:

Enclosed for filing is the 2002 Uniform Business Report for Florida Physicians Insurance Company, Inc., together with our check in the amount of $150.00 representing the required filing fee.

Please call me if you have any questions.

Yours truly,

Peggy Parks

Peggy Parks
Assistant Corporate Secretary/
Director of Paralegal Services

Enclosure (Check No. 018417)

225 Water Street, Suite 1400 • Jacksonville, Florida 32202-5147 • (904) 354-2482 • Fax (904) 475-1159