

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthorn  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -7 AM 10: 56

DOCUMENT # **J74455** (3)  
1. Corporation Name  
**FLORIDA LAWYERS MUTUAL INSURANCE COMPANY**

Principal Place of Business Mailing Address  
**3504 LAKE LYNDA DR STE 325 ORLANDO FL 32817 US** **3504 LAKE LYNDA DR STE 325 ORLANDO FL 32817 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/27/1987** 3a. Date of Last Report **03/31/1994**  
4. FEI Number **59-2810665** Applied For Not Applicable  
5. Certificate 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
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 reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<b>BRADDOCK, DONALD LAYTON</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>2500 LYNNHAVEN TERRACE</b>	1.2 NAME	
STREET ADDRESS	<b>JACKSONVILLE FL</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	<b>32223</b>
TITLE <b>PD</b>	<b>FERRERO, RAYMOND F., JR.</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>707 S.E. 3RD AVE., S 600</b>	2.2 NAME	
STREET ADDRESS	<b>FT. LAUDERDALE FL</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<b>33316</b>
TITLE <b>TD</b>	<b>LAFACE, RONALD C.</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>101 E. COLLEGE AVENUE</b>	3.2 NAME	
STREET ADDRESS	<b>TALLAHASSEE FL</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<b>32301</b>
TITLE <b>D</b>	<b>LOUCKS, WILLIAM E.</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>444 SEABREEZE BLVD S 900</b>	4.2 NAME	
STREET ADDRESS	<b>DAYTONA BCH FL</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>32118</b>
TITLE <b>V</b>	<b>SMITH, AUBREY</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>6749 VISALIA PLACE</b>	5.2 NAME	<b>Smith, Aubrey</b>
STREET ADDRESS	<b>TALLAHASSEE FL</b>	5.3 STREET ADDRESS	<b>9933 Timber Oaks Court</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>Orlando, FL 32817</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>SD</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>Disque, Philip A.</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>707 S.E. 3rd Avenue, Suite 400</b>
			<b>FT. LAUDERDALE, FL 33316</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.07(3)(b), Florida Statute. 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 unchanged, or on an attachment with an address.

SIGNATURE: *Aubrey G. Smith* **AUBREY G. SMITH** 3/20/95 407-382-1400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

J74455

**Corporation Annual Report 1995**

**Florida Lawyers Mutual Insurance Company  
Document # J74455 (3)**

**12. ADDITIONAL OFFICERS AND DIRECTORS**

**Title D  
Name BOCK, ANITA  
Address 401 N.W. 2nd AVENUE, STE 1007 NORTH  
MIAMI, FL 33128**

**Title D  
Name BRYAN, BENJAMIN L., JR.  
Address 401-A S. INDIAN RIVER DRIVE  
FT. PIERCE, FL 34950**

**Title D  
Name KENNY, JAMES J.  
Address 201 S. BISCAYNE BLVD.  
MIAMI, FL 33131**

**Title D  
Name LARRY, DENNIS K.  
Address 125 W. ROMANA  
ONE PENSACOLA PLAZA, STE 800  
PENSACOLA, FL 32501**

**Title D  
Name LYTAL, LAKE JR.  
Address 515 N. FLAGLER DRIVE, STE 1000  
WEST PALM BEACH, FL 33401**

**Title D  
Name RAPPENECKER, STEPHEN A.  
Address SUITE C, MERIDIEN CENTRE  
2700 N.W. 43rd STREET  
GAINESVILLE, FL 32606**

J74455

12. ADDITIONAL OFFICERS AND DIRECTORS CONTINUED

Title D  
Name SONDAK, ROBERT M.  
Address 2601 SOUTH BAYSHORE DRIVE, STE 1600  
MIAMI, FL 33133

Title D  
Name STAGG, C. LAWRENCE  
Address 100 SOUTH ASHLEY DRIVE, STE 1500  
TAMPA, FL 33602

Title D  
Name UPCHURCH, JOHN  
Address 150 MAGNOLIA AVENUE  
DAYTONA BEACH, FL 32114

Title D  
Name WILLIAMS, C. GARY  
Address 227 S. CALHOUN STREET  
TALLAHASSEE, FL 32301