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**Mar 26 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

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**

3. Date Incorporated or Qualified **05/27/1987** 3a. Date of Last Report **04/02/1996**

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

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRADDOCK, DONALD LAYTON	
STREET ADDRESS	2500 LYNNHAVEN TERRACE	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FERRERO, RAYMOND F., JR.	
STREET ADDRESS	707 S.E. 3RD AVE., S 800	
CITY-STATE-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LAFACE, RONALD C.	
STREET ADDRESS	101 E. COLLEGE AVENUE	
CITY-STATE-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOUCKS, WILLIAM E.	
STREET ADDRESS	444 SEABREEZE BLVD S 900	
CITY-STATE-ZIP	DAYTONA BCH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SMITH, AUBREY	
STREET ADDRESS	9933 TIMBER OAKS COURT	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DISQUE, PHILIP A	
STREET ADDRESS	707 SE 3RD AVENUE, SUITE 400	
CITY-STATE-ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	32223
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	33316
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	32301
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	32118
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V SMITH, AUBREY
5.3 STREET ADDRESS	855 LADYFISH DR., #D-306
5.4 CITY-STATE-ZIP	NEW SMYRNA BEACH, FL 32169
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	33316

14. I do 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 provided 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.

SIGNATURE: *Aubrey G. Smith* **Aubrey G. Smith** Date _____ 407-382-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTONA PHONE #

CR2E034 (9/96)

Corporation Annual Report 1997

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 GOODLETTE, J. DUDLEY
Address 4001 TAMIAMI TRAIL N., SUITE 300
NAPLES, FL 33940

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