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Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

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



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

Mailing Address: **3504 LAKE LYNDA DR STE 325 ORLANDO FL 32817 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/27/1987

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

4. FEI Number: **59-2810665**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. 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-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FERRERO, RAYMOND F., JR.	
STREET ADDRESS	707 S.E. 3RD AVE., S 600	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LAFACE, RONALD C.	
STREET ADDRESS	101 E. COLLEGE AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOUCKS, WILLIAM E.	
STREET ADDRESS	444 SEABREEZE BLVD S 900	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SMITH, AUBREY	
STREET ADDRESS	855 LADYFISH DR #D306	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DISQUE, PHILIP A	
STREET ADDRESS	707 SE 3RD AVENUE, SUITE 400	
CITY-ST-ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRADDOCK, DONALD LAYTON	
1.3 STREET ADDRESS	2500 LYNNHAVEN TERRACE	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32223	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FERRERO, RAYMOND F., JR.	
2.3 STREET ADDRESS	707 S.E. 3rd Avenue, Suite 600	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LAFACE, RONALD C.	
3.3 STREET ADDRESS	101 E. COLLEGE AVENUE	
3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LOUCKS, WILLIAM E.	
4.3 STREET ADDRESS	444 SEABREEZE BLVD., SUITE 900	
4.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SMITH, AUFREY G.	
5.3 STREET ADDRESS	855 LADYFISH DRIVE, #D306	
5.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
6.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DISQUE, PHILIP A.	
6.3 STREET ADDRESS	707 S.E. 3rd AVENUE, SUITE 400	
6.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	

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.

SIGNATURE: *Aubrey G. Smith* **Aubrey G. Smith** 04/01/98 407-381-1400

CR2E034 (10/97)

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Florida Lawyers Mutual Insurance Company
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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 1100 MIAMI CENTER
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

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12. ADDITIONAL OFFICERS AND DIRECTORS CONTINUED

Title D
Name SONDAK, ROBERT M.
Address 9400 S. DADELAND BLVD., STE 600
 MIAMI, FL 33156

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

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