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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **J74455**

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	05/27/1987	59-2810665	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>		
Zip Country	Zip Country	8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D BRADDOCK, DONALD LAYTON	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2500 LYNNHAVEN TERRACE	1.2 NAME	
STREET ADDRESS	JACKSONVILLE FL 32223	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD FERRERO, RAYMOND F., JR.	2.1 TITLE	XX Change <input type="checkbox"/> Addition
NAME	707 S.E. 3RD AVE., S 600	2.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL 33316	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD LAFACE, RONALD C.	3.1 TITLE	XX Change <input type="checkbox"/> Addition
NAME	101 E. COLLEGE AVENUE	3.2 NAME	
STREET ADDRESS	TALLAHASSEE FL 32301	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D LOUCKS, WILLIAM E.	4.1 TITLE	XX Change <input type="checkbox"/> Addition
NAME	444 SEABREEZE BLVD S 900	4.2 NAME	
STREET ADDRESS	DAYTONA BCH FL 32118	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V SMITH, AUBREY	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	855 LADYFISH DR #D306	5.2 NAME	
STREET ADDRESS	NEW SMYRNA BEACH FL 32169	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	SD DISQUE, PHILIP A	6.1 TITLE	XX Change <input type="checkbox"/> Addition
NAME	707 SE 3RD AVENUE, SUITE 400	6.2 NAME	
STREET ADDRESS	FT LAUDERDALE FL 33316	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

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

CR2E034 (1/1/98)

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574455
Batch 90137

Corporation Annual Report 1999

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 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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Florida Lawyers Mutual Insurance Company
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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