

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90224 023 ***150.00

DOCUMENT # J74455					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2810665	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADDOCK, DONALD LAYTON 10742 WAVERLEY BLUFF WAY JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AVA K. DOPPELT 255 South Orange Avenue, Ste. 1401 Orlando, FL 32802	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FERRERO, RAYMOND R JR 707 S E 3RD AVE S 600 FT. LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ramon A. Abadin 9155 S. Dadeland Blvd., #1218 Miami, FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAFACE, RONALD C 101 E COLLEGE AVENUE TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Juliet M. Roulhac Post Office Box 029100 Miami, FL 33102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOUCKS, WILLAIM E 3504 Lake Lynda Dr., Ste. 325 Orlando, FL 32817	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DISQUE, PHILIP A 707 SE 3RD AVENUE SUITE 400 FT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>William E. Loucks, President</u>			Date: <u>4-19-05</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		
William E. Loucks					

ATTACHMENT

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2005 UNIFORM BUSINESS REPORT (UBR)

Florida Lawyers Mutual Insurance Company
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10. ADDITIONAL OFFICERS AND DIRECTORS

Title D
Name GIBBS, CRAIG
Address 1200 RIVERPLACE BLVD., STE. 810
JACKSONVILLE, FL 32207

Title D
Name GOODLETTE, J. DUDLEY
Address 4001 TAMIAMI TRAIL N., STE. 300
NAPLES, FL 33940

Title D
Name HARKNESS, JOHN F.
Address 650 APALACHEE PARKWAY
TALLAHASSEE, FL 32399-2300

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 STE. C, MERIDIEN CENTRE
2700 N.W. 43RD STREET
GAINESVILLE, FL 32606

ATTACHMENT - continued

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Florida Lawyers Mutual Insurance Company
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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, GARY
Address 227 S. CALHOUN STREET
TALLAHASSEE, FL 32301