

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90171 009 ***150.00

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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					
Zip	Country	Zip	Country	4. FEI Number 59-2810665			
				Applied For Not Applicable			
				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, 2006 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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BRADDOCK, DONALD LAYTON		NAME				
STREET ADDRESS	10742 WAVERLEY BLUFF WAY		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP				
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FERRERO, RAYMOND R JR		NAME				
STREET ADDRESS	707 S E 3RD AVE S 600		STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DOPPLET, AVA K.		NAME				
STREET ADDRESS	255 SOUTH ORANGE AVENUE, SUITE 1401		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32802		CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LOUCKS, WILLIAM E		NAME				
STREET ADDRESS	444 SE ABREEZE BLVD S 900		STREET ADDRESS	3504 Lake Lynda Dr.			
CITY-ST-ZIP	DAYTONA BCH, FL 32118		CITY-ST-ZIP	Orlando, FL 32817			
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DISQUE, PHILIP A		NAME				
STREET ADDRESS	707 SE 3RD AVENUE SUITE 400		STREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE, FL 33316		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ABADIN, RAMON A.		NAME				
STREET ADDRESS	9155 S. DADELAND BLVD. # 1218		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>William E Loucks</i>		Date _____ Daytime Phone # _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							

ATTACHMENT
40053992
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2006 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

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ATTACHMENT - continued

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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