

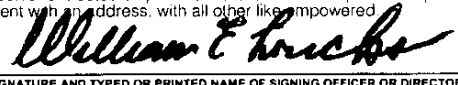


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90203 028 \*\*\*150.00

<b>DOCUMENT # J74455</b> 1. Entity Name <b>FLORIDA LAWYERS MUTUAL INSURANCE COMPANY</b>					
Principal Place of Business <b>3504 LAKE LYNDA DR STE 325 ORLANDO, FL 32817 US</b>			Mailing Address <b>3504 LAKE LYNDA DR STE 325 ORLANDO, FL 32817 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
02022007      Chg-P      CR2E034 (12/06)				4. FEI Number <b>59-2810665</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BRADDOCK, DONALD LAYTON</b> <b>10742 WAVERLEY BLUFF WAY</b> <b>JACKSONVILLE, FL 32223</b>	<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	<b>CD</b> <b>FERRERO, RAYMOND R JR</b> <b>707 S E 3RD AVE S 600</b> <b>FT. LAUDERDALE, FL 33316</b>	<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	<b>SD</b> <b>DOPPLET, AVA K.</b> <b>255 SOUTH ORANGE AVENUE, SUITE 1401</b> <b>ORLANDO, FL 32802</b>	<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	<b>PD</b> <b>LOUCKS, WILLIAM E</b> <b>3504 LAKE LYNDA DR</b> <b>ORLANDO, FL 32817</b>	<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	<b>TD</b> <b>DISQUE, PHILIP A</b> <b>707 SE 3RD AVENUE SUITE 400</b> <b>FT LAUDERDALE, FL 33316</b>	<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	<b>D</b> <b>ABADIN, RAMON A.</b> <b>9155 S. DADELAND BLVD. # 1218</b> <b>MIAMI, FL 33156</b>	<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 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.					
<b>SIGNATURE:</b>  <b>4/17/07</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DAY      Daytime Phone #</small>					

ATTACHMENT  
40083197

ATTACHMENT

2007 UNIFORM BUSINESS REPORT (UBR)

Florida Lawyers Mutual Insurance Company

Document # 074455

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 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. 43<sup>RD</sup> STREET  
GAINESVILLE, FL 32606

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

Title D  
Name STAGG, C. LAWRENCE  
Address 401 E. JACKSON STREET, STE. 1700  
TAMPA, FL 33602

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

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ATTACHMENT (continued)

2007 UNIFORM BUSINESS REPORT (UBR)

Florida Lawyers Mutual Insurance Company

Document # 174455

Title D  
Name RAMON A. ABADIN  
Address 9155 S. Dadeland Blvd., Ste. 1208  
Miami, Florida 33156

Title D  
Name JULIET MURPHY ROULHAC  
Post Office Box 29100  
Miami, FL 33102

Title D  
Name ALAN B. BOOKMAN  
30 South Spring Street  
Pensacola, Florida 32502