

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J74455

FILED
Apr 07, 2009
Secretary of State

Entity Name: FLORIDA LAWYERS MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

3504 LAKE LYNDA DR
STE 325
ORLANDO, FL 32817 US

New Principal Place of Business:

Current Mailing Address:

3504 LAKE LYNDA DR
STE 325
ORLANDO, FL 32817 US

New Mailing Address:

FEI Number: 59-2810665 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRADDOCK, DONALD LAY, TON
Address: 10742 WAVERLEY BLUFF WAY
City-St-Zip: JACKSONVILLE, FL 32223

Title: CD () Delete
Name: FERRERO, RAYMOND R JR
Address: 707 S E 3RD AVE S 600
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: PD () Delete
Name: WILLIAM, LOUCKS E
Address: 3504 LAKE LYNDA DR. #325
City-St-Zip: ORLANDO, FL 32817

Title: PD () Delete
Name: LOUCKS, WILLIAM E
Address: 3504 LAKE LYNDA DR
City-St-Zip: ORLANDO, FL 32817

Title: TD () Delete
Name: DISQUE, PHILIP A
Address: 707 SE 3RD AVENUE SUITE 400
City-St-Zip: FT LAUDERDALE, FL 33316

Title: D () Delete
Name: ABADIN, RAMON A.
Address: 9155 S. DADELAND BLVD. # 1218
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BRADDOCK, DONALD
Address: 10742 WAVERLEY BLUFF WAY
City-St-Zip: JACKSONVILLE, FL 32223

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: LOUCKS, WILLIAM E
Address: 3504 LAKE LYNDA DR. #325
City-St-Zip: ORLANDO, FL 32817

Title: SD (X) Change () Addition
Name: DOPPELT, AVA
Address: 255 SOUTH ORANGE AVE., STE. 1401
City-St-Zip: ORLANDO, FL 32801

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ABADIN, RAMON A.
Address: 9155 S. DADELAND BLVD. # 1208
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E. LOUCKS

PD

04/07/2009

Electronic Signature of Signing Officer or Director

_____ Date