

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90228 001 ***150.00

CR2E034 (10/02)

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
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

1002000



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2810665**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed, name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| 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 | 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 | SD LAFACE, RONALD C 101 E COLLEGE AVENUE TALLAHASSEE FL 32301 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LOUCKS, WILLIAM E 444 SEABREEZE BLVD S 900 DAYTONA BCH FL 32118 | <input type="checkbox"/> Delete |
| 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"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> 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: William E. Loucks, President 2/20/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 10026600

2003 UNIFORM BUSINESS REPORT (UBR)

Florida Lawyers Mutual Insurance Company
Document # J74455 (3)

J74455

12. ADDITIONAL OFFICERS AND DIRECTORS

Title D
Name DOPPELT, AVA K.
Address 255 SOUTH ORANGE AVENUE, SUITE 1401
ORLANDO, FL 32802

Title D
Name GIBBS, CRAIG
Address 1200 RIVERPLACE BOULEVARD, SUITE 810
JACKSONVILLE, FL 32207

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

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

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

ATTACHMENT 10026600

2003 UNIFORM BUSINESS REPORT (UBR)

Florida Lawyers Mutual Insurance Company
Document # J74455 (3)

J74455

12. ADDITIONAL OFFICERS AND DIRECTORS CONTINUED

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

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