


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-20-2006 90187 049 ****61.25

DOCUMENT # N97000005221

1. Entity Name
FLORIDA WORKERS' COMPENSATION INSURANCE GUARANTY ASSOCIATION, INCORPORATED



Principal Place of Business
 1425 EAST PIEDMONT DR
 SUITE 201B
 TALLAHASSEE, FL 32308 US

Mailing Address
 P.O. BOX 15159
 TALLAHASSEE, FL 32317 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

04142006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3469214 Applied For
 Not Applicable

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

QUUJ311



6. Name and Address of Current Registered Agent

LYDECKER, RICHARD ESQ.
C/O LYDECKER & WADSWORTH, LLC
1201 BRICKELL AVE, SUITE 200
MIAMI, FL 33131

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC STAHL, THOMAS W 116 S MONROE STREET, 3RD FLOOR TALLAHASSEE, FL 32302	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, FRANK 21034 SWEETWATER LANE, N BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TICKNER, JOHN J 21255 CALIFA STREET WOODLAND HILLS, CA 91367	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, G.W. 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROBINSON, SANDRA J CPA 1425 E PIEDMONT DR, SUITE 201B TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC STAHL, THOMAS W. 116 SOUTH MONROE STREET, 3RD FLOOR TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SM ROBINSON, SANDRA J CPA 1425 E PIEDMONT DR, STE 201 B TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEWELL LOVERN, MICHELLE 1425 E PIEDMONT DR, STE 201 B TALLAHASSEE, FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TICKNER, JOHN J 21255 CALIFA STREET WOODLAND HILLS, CA 91367	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACHMANN, CHARLES 6300 UNIVERSITY PARKWAY SARASOTA, FL 34240	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTA, JIM 7870 WOODLAND CENTER BLVD TAMPA, FL 33614	<input type="checkbox"/> Change <input checked="" 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 617, 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: *Sandra J. Robinson* **SANDRA J. ROBINSON** 4/17/06 850-386-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # N97000005221

1. Entity Name
**FLORIDA WORKERS' COMPENSATION INSURANCE
 GUARANTY ASSOCIATION, INCORPORATED**



Principal Place of Business
 1425 EAST PIEDMONT DR
 SUITE 201B
 TALLAHASSEE, FL 32308 US

Mailing Address
 P.O. BOX 15159
 TALLAHASSEE, FL 32317 US

40054776

2. Principal Place of Business		3. Mailing Address		04142006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3469214	
City & State		City & State		Applied For Not Applicable	
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		
LYDECKER, RICHARD ESQ. C/O LYDECKER & WADSWORTH, LLC 1201 BRICKELL AVE, SUITE 200 MIAMI, FL 33131			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 _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	--	---

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	PC STAHL, THOMAS W	<input checked="" type="checkbox"/> Delete	TITLE NAME	D HORTON, KELLY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	116 S MONROE STREET, 3RD FLOOR		STREET ADDRESS	420 EAST JEFFERSON STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32302		CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE NAME	D WHITE, FRANK	<input checked="" type="checkbox"/> Delete	TITLE NAME	D BURGESS, STEPHEN C.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	21034 SWEETWATER LANE, N		STREET ADDRESS	200 EAST GAINES STREET	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP	TALLAHASSEE, FL 32399	
TITLE NAME	DV TICKNER, JOHN J	<input checked="" type="checkbox"/> Delete	TITLE NAME	D PALCZYNSKI, RICHARD W.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	21255 CALIFA STREET		STREET ADDRESS	ONE FINANCIAL PLAZA, 10TH FLOOR	
CITY-ST-ZIP	WOODLAND HILLS, CA 91367		CITY-ST-ZIP	HARTFORD, CT 06103	
TITLE NAME	D JACOBS, G.W.	<input checked="" type="checkbox"/> Delete	TITLE NAME	D STIEBEL, BRETT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6300 UNIVERSITY PARKWAY		STREET ADDRESS	4099 METRIC AVENUE	
CITY-ST-ZIP	SARASOTA, FL 34240		CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE NAME	ST ROBINSON, SANDRA J CPA	<input checked="" type="checkbox"/> Delete	TITLE NAME	D THOMAS, EARL R.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1425 E PIEDMONT DR, SUITE 201B		STREET ADDRESS	P.O. Box 77B	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	WALESKA, GA 30183	
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME	D WENBLE, LAURA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	2810 COLISEUM CENTRE DR, STE 350	
CITY-ST-ZIP			CITY-ST-ZIP	CHARLOTTE, NC 28217	

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 617, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # N97000005221



1. Entity Name
**FLORIDA WORKERS' COMPENSATION INSURANCE
GUARANTY ASSOCIATION, INCORPORATED**

Principal Place of Business
1425 EAST PIEDMONT DR
SUITE 201B
TALLAHASSEE, FL 32308 US

Mailing Address
P.O. BOX 15159
TALLAHASSEE, FL 32317 US

40054776

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04142006 Chg-NP CR2E037 (11/05)

Zip

Country

Zip

Country

4. FEI Number
59-3469214

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYDECKER, RICHARD ESQ.
C/O LYDECKER & WADSWORTH, LLC
1201 BRICKELL AVE, SUITE 200
MIAMI, FL 33131

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PC	<input checked="" type="checkbox"/> Delete
NAME	STAHL, THOMAS W	
STREET ADDRESS	116 S MONROE STREET, 3RD FLOOR	
CITY-ST-ZIP	TALLAHASSEE, FL 32302	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williamham, Julian	
STREET ADDRESS	2916 APALACHES PARKWAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITE, FRANK	
STREET ADDRESS	21034 SWEETWATER LANE, N	
CITY-ST-ZIP	BOCA RATON, FL 33428	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	TICKNER, JOHN J	
STREET ADDRESS	21255 CALIFA STREET	
CITY-ST-ZIP	WOODLAND HILLS, CA 91367	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACOBS, G.W.	
STREET ADDRESS	6300 UNIVERSITY PARKWAY	
CITY-ST-ZIP	SARASOTA, FL 34240	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, SANDRA J CPA	
STREET ADDRESS	1425 E PIEDMONT DR, SUITE 201B	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 617, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #