


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 AUG -8 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000075422	
1. Entity Name FLORIDA LAWYERS INSURANCE AGENCY, INC.	

Principal Place of Business 3504 LAKE LYNDA DRIVE SUITE 325A ORLANDO, FL 32817	Mailing Address 3504 LAKE LYNDA DRIVE SUITE 325A ORLANDO, FL 32817
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



07242007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3679331	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  THOMPSON, WILLIAM L JR 1590 ISLAND LANE 26 ORANGE PARK, FL 32003	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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:

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	D STAGG, LAWRENCE P.O. BOX 32373 TAMPA, FL 336013273 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  800108197326 08/16/07--01036--011 **\$61.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SONDAK, ROBERT M 9400 S. DADELAND BLVD., STE 600 MIAMI, FL 33156 <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	D DOPPELT, AVA K 851 MAYFIELD AVENUE WINTER PARK, FL 32789 <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	DP LOUCKS, WILLIAM E 3504 LAKE LYNDA DR, STE. 325A ORLANDO, FL 32817 <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	SD WILLIAMS, GARY P.O. BOX 391 TALLAHASSEE, FL 32302 <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	TD DISQUE, PHILIP A 707 S.E. 3RD AVENUE, STE 400 FORT LAUDERDALE, FL 33316 <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.

SIGNATURE: MARY F. JONES 08/06/07 407-382-1400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

AMENDED 2007 UNIFORM BUSINESS REPORT (UBR)

Florida Lawyers Insurance Agency, Inc.  
Document # P00000075422

10. OFFICERS AND DIRECTORS, continued

Title	EVP
Name	JONES, MARY F.
Address	3504 LAKE LYNDY DRIVE, STE. 325 ORLANDO, FL 32817

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title	D	<input checked="" type="checkbox"/> Addition
Name	ALAN B. BOOKMAN	
Address	30 SOUTH SPRING STREET PENSACOLA, FLORIDA 32502	