2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000075422

FILED Mar 03, 2010 Secretary of State

Entity Name: FLORIDA LAWYERS INSURANCE AGENCY, INC.

Current Principal Place of Business: New Principal Place of Business:

3504 LAKE LYNDA DRIVE SUITE 325A ORLANDO, FL 32817

Current Mailing Address: New Mailing Address:

3504 LAKE LYNDA DRIVE SUITE 325A ORLANDO, FL 32817

FEI Number: 59-3679331 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMPSON, WILLIAM L JR 1590 ISLAND LANE 26 ORANGE PARK, FL 32003 US

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: [

 Name:
 STAGG, LAWRENCE

 Address:
 P.O. BOX 32373

 City-St-Zip:
 TAMPA, FL 336013273

Title: [

Name: SONDAK, ROBERT M

Address: 9400 S. DADELAND BVLD., STE 600

City-St-Zip: MIAMI, FL 33156

Title: D

Name: DOPPELT, AVA K
Address: 851 MAYFIELD AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: DP

Name: LOUCKS, WILLIAM E

Address: 3504 LAKE LYNDA DR, STE. 325A

City-St-Zip: ORLANDO, FL 32817

Title: SD

Name: WILLIAMS, GARY Address: P.O. BOX 391

City-St-Zip: TALLAHASSEE, FL 32302

Title: TD

Name: DISQUE, PHILIP A

Address: 707 S.E. 3RD AVENUE, STE 400 City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM E. LOUCKS P 03/03/2010