

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000075422

FILED  
Mar 08, 2012  
Secretary of State

**Entity Name:** FLORIDA LAWYERS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

541 E. MITCHELL HAMMOCK ROAD, STE. 100  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

541 E. MITCHELL HAMMOCK ROAD, STE. 100  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 59-3679331

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: STAGG, LAWRENCE  
Address: 5303 W. SAN NICHOLAS STREET  
City-St-Zip: TAMPA, FL 33629

Title: D  
Name: SONDAK, ROBERT M COADY  
Address: 9400 S. DADELAND BLVD., 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 LYNDY DR, STE. 325A  
City-St-Zip: ORLANDO, FL 32817

Title: SD  
Name: WILLIAMS, GARY  
Address: 307 ROSEHILL DRIVE, EAST  
City-St-Zip: TALLAHASSEE, FL 32312

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

D

03/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

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3-8-12

ATTACHMENT

2012 UNIFORM BUSINESS REPORT (UBR)

Florida Lawyers Insurance Agency, Inc.  
Document # P00000075422

10. OFFICERS AND DIRECTORS, continued

Title D  
Name ALAN B. BOOKMAN  
Address 30 SOUTH SPRING STREET  
PENSACOLA, FLORIDA 32502

Title EVP  
Name JONES, MARY F.  
Address 541 E. MITCHELL HAMMOCK ROAD  
OVIEDO, FL 32765