2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003
Secretary of State

DOCUMENT# P02000040977

Entity Name: FLORIDA HEALTH PROFESSIONALS LEGAL EXPENSE INSURANCE, INC.

Current Principal Place of Business:

6320 ST. AUGUSTINE ROAD
BUILDING 12
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 24443
JACKSONVILLE, FL 32241

New Mailing Address:

FEI Number: 02-0590632 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUSEMAN, WILLIAM R
6320 ST. AUGUSTINE RD #12
JACKSONVILLE, FL 32217 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: O'LESSKER, CHARLES S
Address: 6320 ST. AUGUSTINE ROAD BUILDING 12
City-St-Zip: JACKSONVILLE, FL 32217

Title: S ( ) Delete
Name: HUSEMAN, KRISTINE L
Address: 6320 ST. AUGUSTINE ROAD BUILDING 12
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change ( ) Addition
Name: O'LESSKER, CHARLES S
Address: 6320 ST. AUGUSTINE ROAD BUILDING 12
City-St-Zip: JACKSONVILLE, FL 32217

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES S. O'LESSKER PRES 01/27/2003

Electronic Signature of Signing Officer or Director — Date