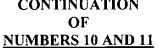
2007 FOR PROFIT CORPORATION ANNUAL REPORT

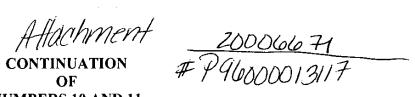
Secretary of State DOCUMENT # P96000013117 03-15-2007 90032 030 ***150.00 1. Entity Name FPIC INSURANCE GROUP, INC. Principal Place of Business Mailing Address 225 WATER STREET, STE. 1400 225 WATER STREET, STE. 1400 JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32204 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072007 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number 59-3359111 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BYERS, JOHN R Street Address (P.O. Box Number is Not Acceptable) 225 WATER STREET STE 1400 JACKSONVILLE, FL 32202 City Zip Code FL 8. The above riamed 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE X Addition Delete TITLE Change Baratta, Robert O., M.D. SHAPIRO, DAVID M. M.D. NAME NAME STREET ADDRESS 1400 VILLAGE SQ BLVD #3-259 31 S. E. Harbor Point Drive STREET ADDRESS CITY-ST-7IP TALLAHASSEE, FL 32313 CITY-ST-ZIP Stuart, FL 34996 ☐ Delete TITLE TITLE D Kirschner, Kenneth M. Change Addition BYERS, JOHN R NAME NAME 300A Wharfside Way STREET ADDRESS 225 WATER STREET, STE. 1400 STREET ADDRESS JACKSONVILLE, FL 32202 CITY-ST-ZIP CITY-ST-7IP Jacksonville, FL 32207 TITLE ☐ Delete TITLE CFO Divita, Charles III Change X Addition BAGBY, RICHARD J M.D. NAME NAME 225 Water Street, Suite 1400 STREET ADORESS 4138 SHORECREST ROAD STREET ADDRESS CITY-ST-7IP ORLANDO, FL 32804 CITY-ST-ZIP Jacksonville,FL 32202 VPS TITE F ☐ Delete TITLE X Change ☐ Addition Harvey, Pamela D. NAME HARVEY, PAMELA D NAME 225 Water Street, Suite 1400 STREET ADORESS 225 WATER ST SUITE 1400 STREET ADDRESS CITY-ST-ZIF JACKSONVILLE, FL 32202 CITY-ST-ZIP Jacksonville, FL 32202 TITLE AS ☐ Delete TITL F ccs Change Addition Graham, T. Malcolm PARKS, PEGGY A NAME NAME STREET ADDRESS 225 WATER STREET, STE. 1400 225 Water Street, Suite 1400 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32202 CITY-ST-ZIP <u>Jacksonville</u>, FL 32202 Addition TITLE ☐ Delete TITLE ☐ Change Thackery, Becky A. NAME NAME 225 Water Street, Suite 1400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Jacksonville, FL 32202 CITY-ST-ZIP

FILED Mar 15, 2007 8:00 am

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: Yugg / Yulks Peggy A. Parks 3/13/01 (904) 360-3605





10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Title	D		
Name	Anderson, John K. Jr.		
St. Address	135 Professional Drive, Suite 106		
City-ST-Zip	Ponte Vedra Beach, FL 32082		
Title	D		· ·
Name	Harden, M.C. III		İ
St. Address	806 Riverside Avenue		
City-ST-Zip	Jacksonville, FL 32204		
Title	D	Title	☑ Change
Name	McCoy, Terence P., M.D.	Name	
St. Address	2412 West Plaza Drive	St. Address	14499 Cypress Island Circle
City-ST-Zip	Tallahassee, FL 32308	City-ST-Zip	Palm Beach, FL 33410
Title	D		
Name	Rich, John G.		
St. Address	111 Broadway, Suite 1303		
City-ST-Zip	New York, NY 10006		
Title	D		
Name	Ruffier, Joan D.		
St. Address	722 Alba Drive		
City-ST-Zip	Orlando, FL 32804		
Title	D		
Name	Selander, Guy T., M.D.		
St. Address	1731 University Boulevard South		
City-ST-Zip	Jacksonville, FL 32216		
Title	AVP ☑ Delete		
Name	Tripp, Pamela E.		
St. Address	225 Water Street, Suite 1400		
City-ST-Zip	Jacksonville, FL 32202		
Title	AVP		
Name	Park, Russell W.		
St. Address	225 Water Street, Suite 1400		
City-ST-Zip	Jacksonville, FL 32202		