

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145524

Entity Name: FLORIDA DOCTORS INSURANCE COMPANY**Current Principal Place of Business:**4655 SALISBURY RD., SUITE 110
JACKSONVILLE, FL 32256**Current Mailing Address:**4655 SALISBURY RD., SUITE 110
JACKSONVILLE, FL 32256**FEI Number:** 20-3704679**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
GAINES STREET
TALLAHASSEE, FL 32399 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**Officer/Director Detail :**

Title	T
Name	SHEALY, MARK C
Address	13803 WEEPING WILLOW WAY
City-State-Zip:	JACKSONVILLE FL 32224

Title	D
Name	KAGAN, ELIZABETH P
Address	6981 LAKE DEVONWOOD DR
City-State-Zip:	FT MYERS FL 33908

Title	D
Name	KNOX, CHARLES H
Address	15810 OLD WEDGEWOOD CT
City-State-Zip:	FT MYERS FL 33908

Title	D
Name	ISAACSON, WAYNE
Address	13100 LINTON ROAD
City-State-Zip:	FT MYERS FL 33908

Title	D
Name	RUSSELL, WILLIAM R
Address	181 WATER OAK DR.
City-State-Zip:	PONTE VEDRA BEACH FL 32082

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: MARK C SHEALY**CFO****01/24/2013**

Electronic Signature of Signing Officer/Director Detail

Date