

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000145524

**Entity Name:** FLORIDA DOCTORS INSURANCE COMPANY**Current Principal Place of Business:**4651 SALISBURY RD STE 410  
JACKSONVILLE, FL 32256**Current Mailing Address:**4651 SALISBURY RD STE 410  
JACKSONVILLE, FL 32256 US**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           | CFO                       |
| Name            | TAMAN, BRADLEY E          |
| Address         | 4651 SALISBURY RD STE 410 |
| City-State-Zip: | JACKSONVILLE FL 32256     |

|                 |                        |
|-----------------|------------------------|
| Title           | D                      |
| Name            | KNOX, CHARLES H        |
| Address         | 15810 OLD WEDGEWOOD CT |
| 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 |

|                 |                        |
|-----------------|------------------------|
| Title           | D                      |
| Name            | KAGAN, ELIZABETH P     |
| Address         | 6981 LAKE DEVONWOOD DR |
| 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            | FORADADA III, JOSE R      |
| Address         | 4651 SALISBURY RD STE 410 |
| City-State-Zip: | JACKSONVILLE FL 32256     |

*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:** BRADLEY E TAMAN**CFO****01/15/2014**

Electronic Signature of Signing Officer/Director Detail

Date