FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 827152 (0)

1. Corporation Name
RISCORP NATIONAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
1390 MAIN STREET SARASOTA FL 34236	1390 MAIN STREET SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1971

2. Principal Place of Business	2a. Mailing Address
21 One Sarasota Tower 2 North Tamiami Trail	26 One Sarasota Tower 2 North Tamiami Trail
Suite, Apt. #, etc. 22 Suite 608	Suite, Apt. #, etc. 27 Suite 608
City & State 23 Sarasota FL	City & State 28 Sarasota FL
Zip / Country 24 34236 / 25 USA	Zip / Country 29 34236 / 30 USA

4. FEI Number: 44-0156575 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32399	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P D	☐ Change ☒ Addition
NAME	MALONE, TONY		1.2 NAME	Frederick M. Dawson	
STREET ADDRESS	1390 MAIN STREET		1.3 STREET ADDRESS	2 North Tamiami Trail Suite 608	
CITY-ST-ZIP	SARASOTA FL 34236		1.4 CITY-ST-ZIP	Sarasota FL 34236	
TITLE	DV	☒ DELETE	2.1 TITLE	S T D	☐ Change ☒ Addition
NAME	HALLOY, RICHARD A		2.2 NAME	Walter E. Riehemann	
STREET ADDRESS	1390 MAIN ST.		2.3 STREET ADDRESS	2 North Tamiami Trail Suite 608	
CITY-ST-ZIP	SARASOTA FL 34236		2.4 CITY-ST-ZIP	Sarasota FL 34236	
TITLE	V	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	MARKS, GREG		3.2 NAME	Walter L. Revell	
STREET ADDRESS	1390 MAIN STREET		3.3 STREET ADDRESS	2 North Tamiami Trail Suite 608	
CITY-ST-ZIP	SARASOTA FL 34236		3.4 CITY-ST-ZIP	Sarasota FL 34236	
TITLE	V	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	HUNT, FRED A		4.2 NAME	George E. Greene III	
STREET ADDRESS	1390 MAIN ST.		4.3 STREET ADDRESS	2 North Tamiami Trail Suite 608	
CITY-ST-ZIP	SARSOTA FL 34236		4.4 CITY-ST-ZIP	Sarasota FL 34236	
TITLE	VP	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	RELE, STEVE		5.2 NAME	Seddon Goode Jr	
STREET ADDRESS	1390 MAN ST.		5.3 STREET ADDRESS	2 North Tamiami Trail Suite 608	
CITY-ST-ZIP	SARASOTA FL 34236		5.4 CITY-ST-ZIP	Sarasota FL 34236	
TITLE	DV	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RECE, STEPHEN C		6.2 NAME		
STREET ADDRESS	1390 MAIN STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34236		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____