

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
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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

2. Principal Place of Business One Sarasota Tower 2 North Tamiami Trail Suite, Apt. #, etc.		2a. Mailing Address One Sarasota Tower 2 North Tamiami Trail Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/08/1971	
21. Suite 608		26. Suite 608		4. FEI Number 44-0156575	
22. Sarasota FL		27. Sarasota FL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23. 34236 USA		28. 34236 USA		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24. 34236 USA		29. 34236 USA		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

**INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32399**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

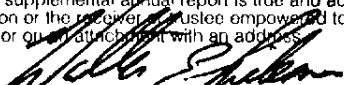
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P D
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	2.1 TITLE	S T O
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	3.1 TITLE	D
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	4.1 TITLE	D
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	SARASOTA FL 34236	4.4 CITY-ST-ZIP	Sarasota FL 34236
TITLE	VP	5.1 TITLE	D
NAME	RELE, STEVE	5.2 NAME	Seddon Goode Jr
STREET ADDRESS	1390 MAIN 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	6.1 TITLE	
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	

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 registered agent 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:



CR2ED34 (10/97)