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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

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1. Corporation Name

RISCORP NATIONAL INSURANCE COMPANY



Principal Place of Business

ONE SARASOTA TOWER  
2 N TAMiami TrL. STE 608  
SARASOTA FL 34236  
US

Mailing Address

ONE SARASOTA TOWER  
2 N TAMiami TrL. STE 608  
SARASOTA FL 34236  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1971

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

TITLE PD  
NAME DAWSON, FREDERICK M  
STREET ADDRESS 2 N TAMiami TrL, STE 608  
CITY-ST-ZIP SARASOTA FL 34236

TITLE STD  
NAME RIEHEMANN, WALTER E  
STREET ADDRESS 2 N TAMiami TrL, STE 608  
CITY-ST-ZIP SARASOTA FL 34236

TITLE D  
NAME REVELL, WALTER L  
STREET ADDRESS 2 N TAMiami TrL, STE 608  
CITY-ST-ZIP SARASOTA FL 34236

TITLE D  
NAME GREENE, GEORGE E III  
STREET ADDRESS 2 N TAMiami TrL, STE 608  
CITY-ST-ZIP SARASOTA FL 34236

TITLE D  
NAME GOODE, SEDDON J  
STREET ADDRESS 2 N TAMiami TrL, STE 608  
CITY-ST-ZIP SARASOTA FL 34236

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D Higginbotham, Sheryl A.  
1.2 NAME  
1.3 STREET ADDRESS 2 N. Tamiami Trail, Suite 608  
1.4 CITY-ST-ZIP SARASOTA, FL 34236

2.1 TITLE D  
2.2 NAME SCOTT, Lawrence I.  
2.3 STREET ADDRESS 8730 Highgrove Street  
2.4 CITY-ST-ZIP Charlotte, NC 28277

3.1 TITLE D  
3.2 NAME SULLIVAN, ROBERT B.  
3.3 STREET ADDRESS 700 W. 4th Street, Suite 1000  
3.4 CITY-ST-ZIP Kansas City, MO 64112-1802

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 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, with all other like empowered.

SIGNATURE:

WALTER E. RIEHEMANN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)