2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90164 042 ***150.00

DOCUMENT # 827152

1. Entity Name
RISCORP NATIONAL INSURANCE COMPANY

50047309

04232005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1924 SOUTH OSPREY AVENUE SUITE 202 SARASOTA, FL 34239 US	1924 SOUTH OSPREY AVENUE SUITE 202 SARASOTA, FL 34239 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCURDY, JEFFREY R 1924 SOUTH OSPREY AVENUE, SUITE 202 SARASOTA, FL 34239	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jay William Riley 1924 S. Osprey Ave, Suite 202 Sarasota, FL 34239	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BUTTNER, EDWARD W IV 1924 SOUTH OSPREY AVENUE, SUITE 202 SARASOTA, FL 34239	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Richard William Stobe 1924 S. Osprey Avenue, Suite 202 Sarasota, FL 34239	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMMOCK, MICHAEL 1924 SOUTH OSPREY AVENUE, SUITE 202 SARASOTA, FL 34239	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John Alex Kurzeja 1924 S. Osprey Avenue, Suite 202 Sarasota, FL 34239	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SALSER, KEILY G 1924 SOUTH OSPREY AVENUE, SUITE 202 SARASOTA, FL 34239	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Linda Diane Gardner 1924 S. Osprey Avenue, Suite 202 Sarasota, FL 34239	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAIKALEY, JASON E 1924 SOUTH OSPREY AVENUE, SUITE 202 SARASOTA, FL 34239	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Edmund William Morton, III 1924 S. Osprey Avenue, Suite 202 Sarasota, FL 34239	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT SALSER, RANDAL D 1924 SOUTH OSPREY AVENUE, SUITE 202 SARASOTA, FL 34239	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Randy SL Randal D Salser 941-316-6827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #