# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2007 08:00 AM**
**Secretary of State**

CMPY: _____ CMPY: _____
DEPT: _____ DEPT: _____
ACCT: _____ ACCT: _____
AMNT: _____ AMNT: _____
AUTHORIZED BY: _____
DATE: _____

DOCUMENT # 827152

1. Entity Name
RISCORP NATIONAL INSURANCE COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| 1924 SOUTH OSPREY AVENUE<br>SUITE 202<br>SARASOTA, FL 34239 US | 1924 SOUTH OSPREY AVENUE<br>SUITE 202<br>SARASOTA, FL 34239 US |

04112007 Chg-P CR2E034 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 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 | 7. Name and Address of New Registered Agent |
|---|---|
| CHIEF FINANCIAL OFFICER<br>P O BOX 6200 (32314-6200)<br>200 E. GAINES ST<br>TALLAHASSEE, FL 32399-0000 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2007 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<br>RILEY, JAY W<br>1924 SOUTH OSPREY AVENUE, SUITE 202<br>SARASOTA, FL 34239 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | U00000738474<br>05/11/07-80070-006 158.75<br>☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>BUTTNER, EDWARD W IV<br>1924 SOUTH OSPREY AVENUE, SUITE 202<br>SARASOTA, FL 34239 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HAMMOCK, MICHAEL<br>1924 SOUTH OSPREY AVENUE, SUITE 202<br>SARASOTA, FL 34239 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SALSER, KEILY G<br>1924 SOUTH OSPREY AVENUE, SUITE 202<br>SARASOTA, FL 34239 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>STOBE, RICHARD W<br>1924 SOUTH OSPREY AVENUE, SUITE 202<br>SARASOTA, FL 34239 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DPT<br>SALSER, RANDAL D<br>1924 SOUTH OSPREY AVENUE, SUITE 202<br>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 exemptions contained in Chapter 119, 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 S 4/23/07 (941)316-6814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #