FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L27356 (9)

1. Corporation Name
RISCORP PROPERTY & CASUALTY INSURANCE COMPANY

Principal Place of Business
1390 MAIN ST.
SUITE 400
SARASOTA FL 34236
US

Mailing Address
1390 MAIN ST.
SUITE 400
SARASOTA FL 34236
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/17/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
24 25 29 30

4. FEI Number: 65-0166502
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. The corporation has elected to be taxed under S. 199.032 Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL BLDG.
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent
81 Name: DARYL J. BROWN
82 Street Address (P.O. Box Number is Not Acceptable): 1819 MAIN STREET
83 SUITE 1100
84 City: SARASOTA FL 85 Zip Code: 34236

11. Pursuant to the provisions of Section 607.0501 and 607.0505 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 I agree to comply with the duties and obligations imposed by Section 607.0505 Florida Statutes.

SIGNATURE: Daryl J. Brown 4/27/95 Daryl Brown

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRIFFIN, WILLIAM D.
STREET ADDRESS	1390 MAIN ST.
CITY, ST, ZIP	SARASOTA FL
TITLE	V
NAME	MALONE, JAMES A.
STREET ADDRESS	1390 MAIN ST.
CITY, ST, ZIP	SARASOTA FL
TITLE	S
NAME	HAMMEL, EDWARD J.
STREET ADDRESS	1390 MAIN ST.
CITY, ST, ZIP	SARASOTA FL
TITLE	T
NAME	SHEEKEY, BRIAN T.
STREET ADDRESS	1390 MAIN ST.
CITY, ST, ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	S ☐ Change ☒ Addition
NAME	Rece, Steve
STREET ADDRESS	1390 main Street
CITY, ST, ZIP	Sarasota FL
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing, if voluntarily furnished and checked, qualify for the exemption dated in Section 119.07(3)(ii) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 with changes or additions typed with an asterisk.

SIGNATURE: Edward Hammel 4/28/95 813 951 2022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0341030 CP