

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 14 1996 8:00 am
Secretary of State

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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/17/1990

3a. Date of Last Report

05/01/1995

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**BROWN, DARYL J
1819 MAIN ST.
SUITE 1100
SARASOTA FL 34236**

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 the applicant

(Printed Name of Agent Signature Required when changing)

(Date)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
GRIFFIN, WILLIAM D.**
STREET ADDRESS **1390 MAIN ST.**
CITY- ST- ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME **V
MALONE, JAMES A.**
STREET ADDRESS **1390 MAIN ST.**
CITY- ST- ZIP **SARASOTA FL**

TITLE ☒ DELETE

NAME **S
RECE, STEVE**
STREET ADDRESS **1390 MAIN ST.**
CITY- ST- ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME **T
SHEEKEY, BRIAN T.**
STREET ADDRESS **1390 MAIN ST.**
CITY- ST- ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/C/CEO** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE **D/P/COO** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE **D/VP/T** ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE **Asst. T** ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE **D/VP** ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE **S** ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or in an attached attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Malone

(941) 951-2022

Daytime Phone #

CR2E034 (12/95)

94-14-96

Page 2 to 1996 Annual Report
RISCORP PROPERTY & CASUALTY INSURANCE COMPANY
Document #L27356

13. Additional Directors:

Walter L. Revell
1390 Main Street
Sarasota, FL 34236

George E. Greene III
1390 Main Street
Sarasota, FL 34236