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May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **L27356** (9)

1. Corporation Name
RISCORP PROPERTY & CASUALTY INSURANCE COMPANY

Principal Place of Business	Mailing Address
1390 MAIN ST.	1390 MAIN ST.
~~SUITE 400~~	~~SUITE 400~~
SARASOTA FL 34236	SARASOTA FL 34236-5687
US	US

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

3. Date Incorporated or Qualified: **01/17/1990**
3a. Date of Last Report: **04/14/1996**
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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Insurance Commissioner
82 Street Address (P.O. Box Number Is Not Acceptable): Capitol Building
83
84 City: Tallahassee, FL FL 85 Zip Code: 32399

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.

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06/02/97--01095--020
***1815.00

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCC ☐ DELETE	1.1 TITLE	DT ☐ Change ☒ Addition
NAME	GRIFFIN, WILLIAM D.	1.2 NAME	Merritt, L. Scott
STREET ADDRESS	1390 MAIN ST.	1.3 STREET ADDRESS	1390 Main Street
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL 34236
TITLE	DPC ☐ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME	MALONE, JAMES A.	2.2 NAME	Goode, Jr., Seddon
STREET ADDRESS	1390 MAIN ST.	2.3 STREET ADDRESS	1390 Main Street
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, FL 34236
TITLE	DVPT ☒ DELETE	3.1 TITLE	DVP ☐ Change ☒ Addition
NAME	HAMMEL, EDWARD J	3.2 NAME	Halloy, Richard A.
STREET ADDRESS	1390 MAIN ST.	3.3 STREET ADDRESS	1390 Main Street
CITY-ST-ZIP	SARASOTA FL 34236	3.4 CITY-ST-ZIP	~~Sarasota, FL 34236~~
TITLE	AT ☒ DELETE	4.1 TITLE	VP ☐ Change ☒ Addition
NAME	SHEEKEY, BRIAN T.	4.2 NAME	Rece, Stephen C.
STREET ADDRESS	1390 MAIN ST.	4.3 STREET ADDRESS	1390 Main Street
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Sarasota, FL 34236
TITLE	DVP ☐ DELETE	5.1 TITLE	D ☐ Change ☒ Addition
NAME	HUNT, FRED A	5.2 NAME	Revell, Walter L.
STREET ADDRESS	1390 MAIN STREET	5.3 STREET ADDRESS	1390 Main Street
CITY-ST-ZIP	SARASOTA FL 34236	5.4 CITY-ST-ZIP	Sarasota, FL 34236
TITLE	S ☐ DELETE	6.1 TITLE	D ☐ Change ☒ Addition
NAME	MARKS, GREGORY M	6.2 NAME	Greene, III, George E.
STREET ADDRESS	1390 MAIN STREET	6.3 STREET ADDRESS	1390 Main Street
CITY-ST-ZIP	SARASOTA FL 34236	6.4 CITY-ST-ZIP	Sarasota, FL 34236

CC 5/19

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14. I do 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.

SIGNATURE: SIGNATURE REQUIRED JAMES A. MALONE

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