

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L27356 (9)
 1. Corporation Name
RISCORP PROPERTY & CASUALTY INSURANCE COMPANY



Principal Place of Business 1390 MAIN ST. SARASOTA FL 34236 US	Mailing Address 1390 MAIN ST. SARASOTA FL 34236 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 One Sarasota Tower 2 North Tamiami Trail Suite, Apt. #, etc.	2a. Mailing Address 26 One Sarasota Tower 2 North Tamiami Trail Suite, Apt. #, etc.
22 Suite 608 City & State	27 Suite 608 City & State
23 Sarasota FL Zip Country	28 Sarasota FL Zip Country
24 34236 25 USA	29 34236 30 USA

3. Date Incorporated or Qualified 01/17/1990	
4. FEI Number 65-0166502	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32399	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE DCC	<input checked="" type="checkbox"/> DELETE
NAME GRIFFIN, WILLIAM D.	
STREET ADDRESS 1390 MAIN ST.	
CITY-ST-ZIP SARASOTA FL	
TITLE DPC	<input checked="" type="checkbox"/> DELETE
NAME MALONE, JAMES A.	
STREET ADDRESS 1390 MAIN ST.	
CITY-ST-ZIP SARASOTA FL	
TITLE DT	<input checked="" type="checkbox"/> DELETE
NAME MERRITT, L. SCOTT	
STREET ADDRESS 1390 MAIN ST.	
CITY-ST-ZIP SARASOTA FL 34236	
TITLE D	<input type="checkbox"/> DELETE
NAME GOODE, SEDDON JR	
STREET ADDRESS 1390 MAIN STREET	
CITY-ST-ZIP SARASOTA FL 34236	
TITLE DVP	<input checked="" type="checkbox"/> DELETE
NAME HUNT, FRED A	
STREET ADDRESS 1390 MAIN STREET	
CITY-ST-ZIP SARASOTA FL 34236	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME MARKS, GREGORY M	
STREET ADDRESS 1390 MAIN STREET	
CITY-ST-ZIP SARASOTA FL 34236	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Frederick M. Dawson	
1.3 STREET ADDRESS 2 North Tamiami Trail Suite 608	
1.4 CITY-ST-ZIP Sarasota FL 34236	
2.1 TITLE S T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Walter E. Riehemann	
2.3 STREET ADDRESS 2 North Tamiami Trail Suite 608	
2.4 CITY-ST-ZIP Sarasota FL 34236	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Walter L. Revell	
3.3 STREET ADDRESS 2 North Tamiami Trail Suite 608	
3.4 CITY-ST-ZIP Sarasota FL 34236	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS 2 North Tamiami Trail Suite 608	
4.4 CITY-ST-ZIP Sarasota FL 34236	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME George E Greene III	
5.3 STREET ADDRESS 2 North Tamiami Trail Suite 608	
5.4 CITY-ST-ZIP Sarasota FL 34236	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed.

SIGNATURE: _____

CR2E034 (10/97)