

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>1390 MAIN ST. SARASOTA FL 34236 US</b>	Mailing Address <b>1390 MAIN ST. SARASOTA FL 34236 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>One Sarasota Tower 2 North Tamiami Trail Suite, Apt. #, etc. Suite 608 City &amp; State Sarasota FL Zip 34236</b>		2a. Mailing Address <b>One Sarasota Tower 2 North Tamiami Trail Suite, Apt. #, etc. Suite 608 City &amp; State Sarasota FL Zip 34236</b>		3. Date Incorporated or Qualified <b>01/17/1990</b>	
21. <b>2 North Tamiami Trail</b>		26. <b>2 North Tamiami Trail</b>		4. FEI Number <b>65-0166502</b>	
22. <b>Suite 608</b>		27. <b>Suite 608</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. <b>Sarasota FL</b>		28. <b>Sarasota FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. <b>34236</b>		29. <b>34236</b>		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	
25. <b>USA</b>		30. <b>USA</b>			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32399**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DCC</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GRIFFIN, WILLIAM D.</b>	1.2 NAME	<b>Frederick M. Dawson</b>
STREET ADDRESS	<b>1390 MAIN ST.</b>	1.3 STREET ADDRESS	<b>2 North Tamiami Trail Suite 608</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	1.4 CITY-ST-ZIP	<b>Sarasota FL 34236</b>
TITLE	<b>DPC</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>ST D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MALONE, JAMES A.</b>	2.2 NAME	<b>Walter E. Riehemann</b>
STREET ADDRESS	<b>1390 MAIN ST.</b>	2.3 STREET ADDRESS	<b>2 North Tamiami Trail Suite 608</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	2.4 CITY-ST-ZIP	<b>Sarasota FL 34236</b>
TITLE	<b>DT</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MERRITT, L. SCOTT</b>	3.2 NAME	<b>Walter L. Revell</b>
STREET ADDRESS	<b>1390 MAIN ST.</b>	3.3 STREET ADDRESS	<b>2 North Tamiami Trail Suite 608</b>
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	3.4 CITY-ST-ZIP	<b>Sarasota FL 34236</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOODE, SEDDON JR</b>	4.2 NAME	<b>2 North Tamiami Trail Suite 608</b>
STREET ADDRESS	<b>1390 MAIN STREET</b>	4.3 STREET ADDRESS	<b>Sarasota FL 34236</b>
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DVP</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HUNT, FRED A</b>	5.2 NAME	<b>George E Greene III</b>
STREET ADDRESS	<b>1390 MAIN STREET</b>	5.3 STREET ADDRESS	<b>2 North Tamiami Trail Suite 608</b>
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	5.4 CITY-ST-ZIP	<b>Sarasota FL 34236</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARKS, GREGORY M</b>	6.2 NAME	
STREET ADDRESS	<b>1390 MAIN STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	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, as an officer, director, or an address.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)