

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # L27356**1. Entity Name
RISCORP PROPERTY & CASUALTY INSURANCE COMPANYPrincipal Place of Business
2 NORTH TAMiami TRAIL
SUITE 608
SARASOTA FL 34236
USMailing Address
2 NORHT TAMiami TRAIL
SUITE 608
SARASOTA FL 34236
US2. Principal Place of Business
1924 SOUTH OSPREY AVENUE3. Mailing Address
1924 SOUTH OSPREY AVENUESuite, Apt. #, etc.
SUITE 202Suite, Apt. #, etc.
SUITE 202City & State
SARASOTA FLCity & State
SARASOTA FLZip Country
34239 USZip Country
34239 US4. FEI Number
65-0166502Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentINSURANCE COMMISSIONER
THE CAPITOL BUILDINGTALLAHASSEE FL
32399 US**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ **04/25/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE S ☒ Delete
NAME BUTTNER EDWARD WIV
STREET ADDRESS 2 N TAMiami TRAIL #608
CITY-ST-ZIP SARASOTA FL 34236TITLE D ☒ Delete
NAME GREENE GEORGE E. III
STREET ADDRESS 2 NORTH TAMiami TRAIL SUITE 608
CITY-ST-ZIP SARASOTA FL 34236TITLE D ☒ Delete
NAME GOODE SEDDON JR
STREET ADDRESS 2 NORTH TAMiami TRAIL SUITE 608
CITY-ST-ZIP SARASOTA FL 34236TITLE D ☐ Delete
NAME REVELL WALTER L.
STREET ADDRESS 2 NORTH TAMiami TRAIL SUITE 608
CITY-ST-ZIP SARASOTA FL 34236TITLE DPT ☐ Delete
NAME RIEHEMANN WALTER E.
STREET ADDRESS 2 NORTH TAMiami TRAIL SUITE 608
CITY-ST-ZIP SARASOTA FL 34236TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VPST ☒ Change ☐ Addition
NAME MCCURDY JEFFREY R
STREET ADDRESS 1924 SOUTH OSPREY AVENUE, SUITE 202
CITY-ST-ZIP SARASOTA FL 34239TITLE DP ☒ Change ☐ Addition
NAME GRIFFIN WILLIAM D
STREET ADDRESS 1924 SOUTH OSPREY AVENUE, SUITE 202
CITY-ST-ZIP SARASOTA FL 34239TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey R. McCurdy

VPST 04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)