2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

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DOCUMENT # L27356 1. Entity Name RISCORP PROPERTY & CASUALTY INSURANCE COMPANY					4	05-01-200	_		
Principal Plac	e of Business	Mailing Address			ĺ -				
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	I OSPREY AVENUE	PO BOX 1329	HC						
SUITE 202	. 24220 110	SARASOTA, FL 34230	US		-				
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Principal Place of Business - No P.O. Box # 3. Mailing Address									
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Zip	Country	Zip	Country	•				\$8.75 Add	ditional
	,	}	,		5. Certificate	of Status Desired		Fee Require	ad .
	6. Name and Address of Current	Registered Agent			7 Name and	Address of New I			
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IALLAHAS	SSEE, FL 32399-0000								
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	named entity submits this statement to tions of registered agent.	r the purpose of changing its i	registered offi	ce or register	ed agent, or both	n, in the State of Fl	orida. I am l	amiliar with,	and accept
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SIGNATURE.	Signature, typed or printed name of registered agent is	and title if applicable. (NOTE:	: Registered Agent	signature required	when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent i	and title if applicable. (NOTE	: Registered Agent	signature required	when reinstating)		DATE	,	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _\

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

3/6-6820)
Daytime Phone #