FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 23 1996 8:00 am
Secretary of State

DOCUMENT # **P94000018087 (4)**

1. Corporation Name
RISCORP HEALTH PLANS, INC.

Principal Place of Business
1390 MAIN ST.
SARASOTA FL 34236

Mailing Address
1390 MAIN ST.
SARASOTA FL 34236

3. Date Incorporated or Qualified: **03/08/1994**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0474139** — 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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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
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 _____ (Signature, typed or printed name of registered agent, and the capacity or relationship to the corporation of the Registered Agent's signature required when not the registered agent) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V ☐ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	GRIFFIN, WILLIAM D	1.2 NAME	
STREET ADDRESS	1390 MAIN ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	1.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	2.1 TITLE	D ☒ Change ☐ Addition
NAME	MALONE, JAMES A	2.2 NAME	
STREET ADDRESS	1390 MAIN ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	VP ☒ Change ☐ Addition
NAME	CORBETT, BARBARA	3.2 NAME	
STREET ADDRESS	1390 MAIN ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	3.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	4.1 TITLE	D/S/T ☒ Change ☐ Addition
NAME	HAMMEL, EDWARD	4.2 NAME	
STREET ADDRESS	1390 MAIN ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	D/P ☐ Change ☒ Addition
NAME		5.2 NAME	Lavelle, J. Stewart
STREET ADDRESS		5.3 STREET ADDRESS	1390 Main Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Sarasota, FL 34236
TITLE	☐ DELETE	6.1 TITLE	VP/CIO ☐ Change ☒ Addition
NAME		6.2 NAME	Merritt, L. Scott
STREET ADDRESS		6.3 STREET ADDRESS	1390 Main Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Sarasota, FL 34236

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ (941) 951-2022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
J. Stewart Lavelle

CR2E034 (12/95)

13. Additional Officer:

Asst. Treasurer
Elizabeth A. Lorenz
1390 Main Street
Sarasota, FL 34236