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 ____ DATE ____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V	☐ DELETE
NAME	GRIFFIN, WILLIAM D	
STREET ADDRESS	1390 MAIN ST.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	P	☐ DELETE
NAME	MALONE, JAMES A	
STREET ADDRESS	1390 MAIN ST.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	S	☐ DELETE
NAME	CORBETT, BARBARA	
STREET ADDRESS	1390 MAIN ST.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	T	☐ DELETE
NAME	HAMMEL, EDWARD	
STREET ADDRESS	1390 MAIN ST.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D/S/T	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D/P	☐ Change ☒ Addition
5.2 NAME	Lavelle, J. Stewart	
5.3 STREET ADDRESS	1390 Main Street	
5.4 CITY-ST-ZIP	Sarasota, FL 34236	
6.1 TITLE	VP/CIO	☐ Change ☒ Addition
6.2 NAME	Merritt, L. Scott	
6.3 STREET ADDRESS	1390 Main Street	
6.4 CITY-ST-ZIP	Sarasota, FL 34236	

CR2E034 (12/95)

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

13. Additional Officer:

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