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Feb 15, 1999 8:00am  
Secretary of State

02-15-1999 90018 007 \*\*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S90628

1. Corporation Name

RISCORP INSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business

ONE SARASOTA TOWER  
2 N TAMiami TrL. STE 608  
SARASOTA FL 34236  
US

Mailing Address

ONE SARASOTA TOWER  
2 N TAMiami TrL. STE 608  
SARASOTA FL 34236  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/02/1992

4. FEI Number

65-0061350

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32399

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPCE ☐ DELETE  
NAME DAWSON, FREDERICK M  
STREET ADDRESS 2 N TAMiami TrL STE 608  
CITY-ST-ZIP SARASOTA FL 34236

TITLE DST ☐ DELETE  
NAME RIEHEMANN, WALTER E  
STREET ADDRESS 2 N TAMiami TrL. STE 608  
CITY-ST-ZIP SARASOTA FL 34236

TITLE D ☐ DELETE  
NAME REVELL, WALTER L.  
STREET ADDRESS 2 N TAMiami TrL STE 608  
CITY-ST-ZIP SARASOTA FL 34236

TITLE D ☐ DELETE  
NAME GOODE, SEDDON J  
STREET ADDRESS 2 N TAMiami TrL STE 608  
CITY-ST-ZIP SARASOTA FL 34236

TITLE D ☐ DELETE  
NAME GREENE, GEORGE E. III  
STREET ADDRESS 2 N TAMiami TrL, STE 608  
CITY-ST-ZIP SARASOTA FL 34236

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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, with all other like empowered.

SIGNATURE:

WALTER E. RIEHEMANN

1/11/99 (941) 366-5015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)