2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 08:00 AM
Secretary of State

DOCUMENT # S90628

1. Entity Name
RISCORP INSURANCE COMPANY

Principal Place of Business	Mailing Address
ONE SARASOTA TOWER 2 N TAMIAMI TRL, STE 608 SARASOTA FL 34236 US	ONE SARASOTA TOWER 2 N TAMIAMI TRL, STE 608 SARASOTA FL 34236 US

2. Principal Place of Business	3. Mailing Address
1924 SOUTH OSPREY AVENUE	1924 SOUTH OPREY AVENUE
Suite, Apt. #, etc.: SUITE 202	Suite, Apt. #, etc.: SUITE 202
City & State: SARASOTA FL	City & State: SARASOTA FL
Zip: 34239 Country: US	Zip: 34239 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0061350 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING

TALLAHASSEE 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) DATE

9. 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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BUTTNER EDWARD WIV 2 N. TAMIAMI TR. #608 SARASOTA FL 34236	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREENE GEORGE E. III 2 N TAMIAMI TRL, STE 608 SARASOTA FL 34236	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOODE SEDDON J 2 N TAMIAMI TRL STE 608 SARASOTA FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIFFIN WILLIAM D 1924 SOUTH OSPREY AVENUE, SUITE 202 SARASOTA FL 34239	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REVELL WALTER L. 2 N TAMIAMI TRL STE 608 SARASOTA FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPST MCCURDY JEFFREY R 1924 SOUTH OSPREY AVENUE, SUITE 202 SARASOTA FL 34239	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD RIEHEMANN WALTER E 2 N TAMIAMI TRL, STE 608 SARASOTA FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GRIFFIN WILLIAM D 1924 SOUTH OSPREY AVENUE, SUITE 202 SARASOTA FL 34239	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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)