## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # S90628  1. Entity Name RISCORP INSURANCE COMPANY						05-01-2008 90183 012 ***150.00				
Principal Plac	e of Business	Mailing Address								
1924 SOUTH OSPREY AVENUE		PO BOX 1329					,			
SUITE 202 Sarasota, Fl. 34239 us		SARASOTA, FL 34230	US							
JANASUIA, I	1 34235 03				1 181111					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			033120	80	Chg-P	CR2E	034 (12/06)	
City & State		City & State		4. FEI Nu				Ar	plied For	
7- 1 0		7 Country		65-0	0613	50		<u> </u>	t Applicable	
Zip	Country	Zip	Country		5. Certific	cate of \$	Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name	and Ad	dress of New R	egistered	Agent	
CHIEF FINANCIAL OFFICER				Name						
P O BOX 6200 (32314-6200)			Ī	Street Address (P.O. Box Number is Not Acceptable)						
200 E. GAINES ST TALLAHASSEE, FL 32399-0000			ł							
TALEATASSEE, FL 32399-0000			}	City					Zip Cod	
				•	r L					
	named entity submits this statement fo tions of registered agent.	r the purpose of changing its r	registere	ed office or re	egistered agent, o	r both, i	n the State of Fic	orida. Iam	familiar with,	and accept
SIGNATURE										
-	Signature, typed or printed name of registered agent	and tide if applicable. (NOTE:	: Registered	Agent signature	required when reinstating	9)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.	OFFICERS AND		11.		ADDITIO	NS/CH	ANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	P COURTING AND D	☐ Delete	TITLE	- 1					Change	Addition
NAME STREET ADDRESS	GRIFFIN, WILLIAM D  DDRESS 1924 SOUTH OSPREY AVENUE, SUITE 202			ET ADORESS						
CITY-SI-ZIP SARASOTA, FL 34239				ST-ZIP						
TITLE	D	☐ Delete	TITLE						Change	Addition
NAME	GRIFFIN, WILLIAM D			L						
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TITLE	O, 11 O O O O O O O O O O O O O O O O O			ST-7IP						
	VPST	Dolote	-	ST-ZIP	IPST			<del></del> ,	5 Obenne	☐ Addition
NAME	VPST SALSER, RANDAL D	Delete	TITLE		IPST Toba For	a 6	Sriffin		- Change	Addition
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STREET ADDRESS CITY-ST-ZIP	SALSER, RANDAL D	/\	TITLE NAME STREE		IPST John For 924 s. os Sarasota	d (spre	riffin y Aw, S L 3fa	ite d	O a	
STREET ADDRESS CITY-ST-ZIP TITLE	SALSER, RANDAL D 1924 S OSPREY AVE STE 202	Delete Delete	TITLE NAME STREE CITY-	ET ADORESS ST-ZIP	IPST John For 924 S. O. Sarasota	d (spre	Sriffin y Aw, S L 312	ite a	Change	Addition Addition
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12. Thereby certify that the information supplied with this failing does not quality for the exemptions contained in Chapter 119, Florida Statutes. 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 received 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:

Hay 4/23/2000

316-683E