

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S90628

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: RISCORP INSURANCE COMPANY

## Current Principal Place of Business:

1924 SOUTH OSPREY AVENUE  
SUITE 202  
SARASOTA, FL 34239 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1329  
SARASOTA, FL 34230 US

## New Mailing Address:

PO BOX 3559  
SARASOTA, FL 34230 US

FEI Number: 65-0061350

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCGINNESS, W. LEE  
1800 SECOND ST.  
SUITE 971  
SARASOTA, FL 312360000 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GRIFFIN, WILLIAM D  
Address: 1924 SOUTH OSPREY AVENUE, SUITE 202  
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete  
Name: GRIFFIN, WILLIAM D  
Address: 1924 SOUTH OSPREY AVENUE, SUITE 202  
City-St-Zip: SARASOTA, FL 34239

Title: VPST ( ) Delete  
Name: GRIFFIN, JOHN FORD  
Address: 1924 S OSPREY AVENUE, SUITE 202  
City-St-Zip: SARASOTA, FL 34234

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GRIFFIN, WILLIAM D  
Address: 1924 S OSPREY AVENUE, SUITE 202  
City-St-Zip: SARASOTA, FL 34239

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPST (X) Change ( ) Addition  
Name: GRIFFIN, JOHN-FORD  
Address: 1924 S OSPREY AVENUE, SUITE 202  
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM D GRIFFIN

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

Date