## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S90628

Entity Name: RISCORP INSURANCE COMPANY

FILED Apr 30, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1924 SOUTH OSPREY AVENUE 1924 SOUTH OSPREY AVENUE

SUITE 202 SUITE 204

SARASOTA, FL 34239 US SARASOTA, FL 34239 US

Current Mailing Address: 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: Name and Address of New Registered Agent:

 MCGINNESS, W. LEE
 GRIFFIN, WILLIAM D.

 1800 SECOND ST.
 1924 S OSPREY AVENUE

 SUITE 971
 SUITE 204

 SARASOTA, FL 312360000 US
 SARASOTA, FL 34239 US

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: WILLIAM D. GRIFFIN 04/30/2010

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

Name: GRIFFIN, WILLIAM D

Address: 1924 S OSPREY AVENUE, SUITE 20

City-St-Zip: SARASOTA, FL 34239

Title:

Name: GRIFFIN, WILLIAM D

Address: 1924 SOUTH OSPREY AVENUE, SUITE 204

City-St-Zip: SARASOTA, FL 34239

Title: VPST

Name: GRIFFIN, JOHN-FORD

Address: 1924 S OSPREY AVENUE, SUITE 204

City-St-Zip: SARASOTA, FL 34239

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM D. GRIFFIN PRES 04/30/2010