2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2010
Secretary of State

DOCUMENT# V50613

Entity Name: RISCORP INSURANCE SERVICES, INC.

Current Principal Place of Business:

1924 SOUTH OSPREY AVENUE
SUITE 202
SARASOTA, FL 34239 US

New Principal Place of Business:

1924 SOUTH OSPREY AVENUE
SUITE 204
SARASOTA, FL 34239 US

Current Mailing Address:

P.O BOX 3559
SARASOTA, FL 34230 US

New Mailing Address:

FEI Number: 65-0343947 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCUNNESS, LEE W
1800 SECOND STREET
SUITE 971
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

GRIFFIN, WILLIAM D
1924 S. OSPREY AVENUE
SUITE 204
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: P
Name: GRIFFIN, WILLIAM D
Address: 1924 S. OSPREY AVE., SUITE 204
City-St-Zip: SARASOTA, FL 34239

Title: VPST
Name: GRIFFIN, JOHN-FORD
Address: 1924 S. OSPREY AVE. STE 204
City-St-Zip: SARASOTA, FL 34239

Title: D
Name: GRIFFIN, WILLIAM D
Address: 1924 S. OSPREY AVE., 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
Electronic Signature of Signing Officer or Director Date