

2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# V50613

FILED
Nov 13, 2012
Secretary of State

Entity Name: RISCORP INSURANCE SERVICES, INC.

Current Principal Place of Business:

7365 POINT OF ROCKS ROAD
SARASOTA, FL 34242 US

New Principal Place of Business:

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:

GRIFFIN, WILLIAM D
7365 POINT OF ROCKS ROAD
SARASOTA, FL 34242 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

OFFICERS AND DIRECTORS:

Title: DP
Name: GRIFFIN, WILLIAM D
Address: 7365 POINT OF ROCKS ROAD
City-St-Zip: SARASOTA, FL 34242

Title: DVPT
Name: GRIFFIN, JOHN-FORD
Address: 7365 POINT OF ROCKS ROAD
City-St-Zip: SARASOTA, FL 34242

Title: DVPS
Name: GRIFFIN, CHARLOTTE K
Address: 7365 POINT OF ROCKS ROAD
City-St-Zip: SARASOTA, FL 34242

Title: DVPS
Name: WATTS, ANNA F
Address: 7365 POINT OF ROCKS ROAD
City-St-Zip: SARASOTA, FL 34242

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

DP

11/13/2012

Electronic Signature of Signing Officer or Director

Date