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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. WHITE SEP 26 2006

**Centurion Medical Liability Protective  
Risk Retention Group, Inc.**

2999 North 44<sup>th</sup> Street  
Suite 250  
Phoenix, AZ 85018

**VIA PRIORITY MAIL**

September 21, 2006

Registration Section  
Division of Corporations  
State of Florida  
P. O. Box 6327  
Tallahassee, FL 32314

**Re: Centurion Medical Liability Protective Risk Retention Group, Inc.  
NAIC Company Code: 11976; NAIC Group Code: 0000; FEIN: 20-1145017  
Registration Filing**

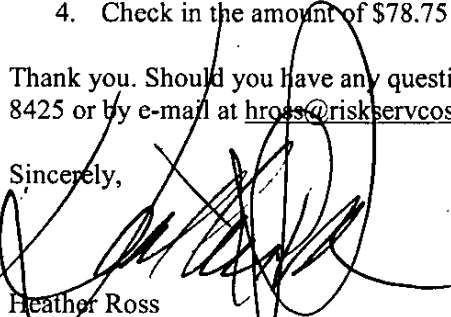
Dear Sir/Madam:

The enclosed Application by the above-referenced corporation is submitted in accordance with the directive of the Florida Office of Insurance Regulation relative to the company's registration filing made with that Office. Accordingly, enclosed please find the following:

1. Transmittal Letter;
2. Application by Foreign Corporation for Authorization to Transact Business in Florida;
3. Original Certificate of Existence issued by the State of Arizona Corporation Commission, the official having custody of the company's Articles of Incorporation in the jurisdiction of the company's incorporation;
4. Check in the amount of \$78.75 in payment of the Division's filing and certified copy fees.

Thank you. Should you have any questions, please don't hesitate to contact me by telephone at (703) 812-8425 or by e-mail at [hross@riskservices.com](mailto:hross@riskservices.com).

Sincerely,



Heather Ross  
Director, Regulatory Compliance  
**Risk Services-Arizona, Inc.**  
As Managers For  
**Centurion Medical Liability  
Protective Risk Retention Group, Inc.**

/hr

Enclosures

**COVER LETTER**

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**TO:** New Filing Section  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** Centurion Medical Liability Protective Risk Retention Group, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Heather Ross

(Name of Person)

c/o Risk Services

(Firm/Company)

1501 Wilson Blvd., Suite 1110

(Address)

Arlington, VA 22209

(City/State and Zip code)

For further information concerning this matter, please call:

Heather Ross

(Name of Person)

at ( 703 ) 812-8425

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☒ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. **Centurion Medical Liability Protective Risk Retention Group, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Arizona** 3. **20-1145017**

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. **4/27/04** 5. **Perpetual**

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **2999 North 44th Street, Suite 250, Phoenix, AZ 85018**

(Principal office address)

**c/o Risk Services, LLC, 1501 Wilson Blvd., Suite 1110, Arlington, VA 22209**

(Current mailing address)

8. **Please See Attachment 1**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Michael T. Rogers**

Office Address: **1800 Second Street, Suite 909**

**Sarasota**

(City)

, Florida **34236**

(Zip code)

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TALLAHASSEE, FLORIDA

10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation, at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

xxxxxxx Chairman: Vicente M. Juan (Director and President)

Address: 1425 Santa Fe  
Corpus Christi, TX 78404

xxxxxxx: Michael L. Mintz (Director and Vice President)

Address: 2218 S. Alameda  
Corpus Christi, TX 78411

Director: B. Troy Winch (Director and Assistant Treasurer)

Address: 1800 Second St., Ste. 909  
Sarasota, FL 34236

Director: J. Michael Low (Director and Secretary)

Address: 2999 North 44th Street, Ste. 250  
Phoenix, AZ 85018

**B. OFFICERS**

President: Vicente M. Juan

Address: 1425 Santa Fe  
Corpus Christi, TX 78404

Vice President: Michael L. Mintz

Address: 2218 S. Alameda  
Corpus Christi, TX 78411

Secretary: J. Michael Low

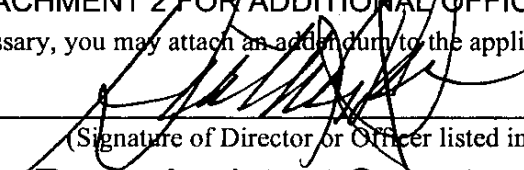
Address: 2999 North 44th Street, Ste. 250, Phoenix, AZ, 85018

Treasurer: David S. Levey

Address: 622 Cinnamon Oak, San Antonio, TX 78230

\*\*\* SEE ATTACHMENT 2 FOR ADDITIONAL OFFICERS AND DIRECTORS \*\*\*

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. Heather Ross, Assistant Secretary

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

**STATE OF FLORIDA**  
**DIVISION OF CORPORATIONS**  
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO**  
**TRANSACT**  
**BUSINESS IN FLORIDA**

**Centurion Medical Liability Protective Risk Retention Group, Inc.**  
**Attachment 1**

Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida:

*The Corporation is primarily being formed to be a captive insurance company/risk retention group as defined by A.R.S. § 20-1098, et seq. Accordingly, the Corporation shall be authorized to:*

- 1. Act as a stock insurer of insurance as permitted of a captive insurance company by A.R.S. § 20-1098, et seq.*
- 2. To do and transact any and every other kind of business which is permitted under the general Corporation and applicable insurance laws of the State of Arizona as now in force or as hereafter amended, and to transact any other lawful business for which Corporations may be incorporated subject, however, to the provisions of A.R.S. § 20-1098, et seq. The corporation intends to conduct business as designated by the Board of Directors.*

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TALLAHASSEE, FLORIDA

**STATE OF FLORIDA**  
**DIVISION OF CORPORATIONS**  
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO**  
**TRANSACTION**  
**BUSINESS IN FLORIDA**

**Centurion Medical Liability Protective Risk Retention Group, Inc.**  
**Attachment 2**

**Additional Officers and Directors:**

**Additional Directors:**

**David S. Levey**  
622 Cinnamon Oak  
San Antonio, TX 78230

**Additional Officers:**

**B. Troy Winch**  
**Assistant Treasurer**  
1800 Second Street, Ste. 909  
Sarasota, FL 34236

**Heather Ross**  
**Assistant Secretary**  
1501 Wilson Boulevard, Suite 1110  
Arlington, VA 22209

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**TALLAHASSEE, FLORIDA**

# STATE OF ARIZONA



## Office of the CORPORATION COMMISSION

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06 SEP 25 PM 3:56  
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TALLAHASSEE, FLORIDA

TO ALL TO WHOM THESE PRESENTS SHALL COME, GREETING:

I, BRIAN C. MCNEIL, EXECUTIVE DIRECTOR OF  
THE ARIZONA CORPORATION COMMISSION, DO HEREBY  
CERTIFY THAT THE RECORDS IN THIS OFFICE SHOW  
THAT

### **CENTURION MEDICAL LIABILITY PROTECTIVE RISK RETENTION GROUP**

AN ARIZONA CORPORATION, DID ON THE 27TH DAY OF  
APRIL 2004 FILE ARTICLES OF INCORPORATION AS A  
NON-FILING INSURANCE COMPANY.

IN WITNESS WHEREOF, I have hereunto set my hand  
and affixed the official seal of the Arizona  
Corporation Commission. Done at Phoenix, Capital,  
this 11 Day of SEPTEMBER, 2006 A.D.



  
Executive Director

By: 