

F120000002595

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000165163 3)))



H120001651633ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FILED
12 JUN 21 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION
THE HEALTHCARE UNDERWRITING COMPANY, A RISK
RETENTIO

Table with 2 columns: Description and Value. Rows include Certificate of Status (0), Certified Copy (0), Page Count (05), and Estimated Charge (\$70.00).

RECEIVED
12 JUN 21 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten initials 'HH'

**COVER LETTER**

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

**SUBJECT:** The Healthcare Underwriting Company, a Risk Retention Group

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," or "Certificate of Good Standing" 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:

Kevin Moriarty

Name of Person

Downs Rachlin Martin PLLC

Firm/Company

199 Main Street

Address

Burlington, Vermont 05402

City/State and Zip code

kmoriarty@drm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Moriarty

at ( 802 ) 846-8392

Name of Person

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. The Healthcare Underwriting Company, a Risk Retention Group  
(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. Vermont 3. EIN 20-2837805  
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. May 11, 2005 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. June 1, 2012  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 100 Bank Street, Suite 600  
(Principal office address)

Burlington, Vermont 05402  
(Current mailing address)

8. Professional liability insurer qualified as a risk retention group  
(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: CT CORPORATION SYSTEM

Office Address: 1200 S PINE ISLAND RD

PLANTATION, Florida 33324  
(City) (Zip code)

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)

**SALVIA ARMENTA-GRAY  
SPECIAL ASSISTANT SECRETARY**

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  
JUN 21 AM 9:37  
DEPARTMENT OF STATE  
ADMINISTRATIVE SERVICES  
FLORIDA

FILED

FILED

12 JUN 21 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Michael L. DeWitt, Director

Address: 1445 Ross Avenue, Suite 1400 Dallas, TX 75202

Vice Chairman: n/a

Address: \_\_\_\_\_

Director: Tyler Murphy, Director

Address: 1445 Ross Avenue, Suite 1400 Dallas, TX 75202

Director: Marcy Waterfall, Director

Address: 100 Bank Street Suite 610  
Burlington, Vermont 05402

B. OFFICERS

President: Michael L. DeWitt

Address: 1445 Ross Avenue, Suite 1400 Dallas, TX 75202

Vice President: n/a

Address: \_\_\_\_\_

Secretary: Marcy Waterfall

Address: 100 Bank Street, Suite 610, Burlington, Vermont 05402

Treasurer: Michael L. DeWitt

Address: 1445 Ross Avenue, Suite 1400 Dallas, TX 75202

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

13. Marcy Waterfall

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Marcy Waterfall, Secretary

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

FILED

12 JUN 21 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF VERMONT  
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, James C. Condos, Vermont Secretary of State, do hereby certify that  
according to the records of this office

**HEALTHCARE UNDERWRITING COMPANY, A RISK RETENTION GROUP THE**

a corporation formed under the laws of the State of Vermont

was filed for record in this office on May 11, 2005

I further certify that the corporation has perpetual duration, that its most recent annual  
report is on file, and, as of this date, articles of dissolution/withdrawal have not been  
filed.

June 20, 2012

Given under my hand and the seal  
of the State of Vermont, at  
Montpelier, the State Capital

*James C. Condos*

James C. Condos  
Secretary of State

