

MI3000007372 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

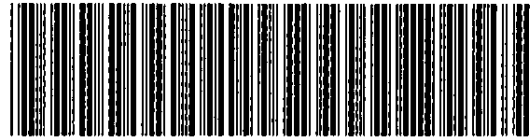
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2013 NOV 20 PM 4: 51
TALLAHASSEE, FLORIDA

B. BOSTICK
NOV 21 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Academic Medical Professionals Insurance Risk Retention Group, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Deborah Gambone

Name of Person

Aon Insurance Managers (USA), Inc.

Firm/Company

76 ST. Paul Street, Suite 500

Address

Burlington, Vermont 05401

City/State and Zip Code

wayne.wheeler@aon.com

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

For further information concerning this matter, please call:

Deborah Gambone at 802 264-4584

Name of Person

Area Code & Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

TALLAHASSEE, FL 32301

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Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Academic Medical Professionals Insurance Risk Retention Group, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Vermont 3. 20-8595533
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. July 24, 2013 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. No business has been transacted.
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 76 ST. Paul Street, Suite 500
Burlington, Vermont 05401
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:
James Edward Cottrell, M.D., 1250 Broadway, Suite 3401, New York, New York 10001
James Gerald Quirk, M.D., 1250 Broadway, Suite 3401, New York, New York 10001
Kevin Moriarty, Esq., 199 Main Street, Burlington, Vermont 05402

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Professional Liability Insurance

James E Cottrell
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

James E Cottrell
Typed or printed name of signee

2013 NOV 20 PM 4:55
WILLIAMSSC.COM

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Academic Medical Professionals Insurance Risk Retention Group, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

William Anderson Haynes

(Name)

13901 Sutton Park Drive South, Building C, Suite 360

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Jacksonville

FL

FL 32224

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

William Anderson Haynes
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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FALL RASSER, 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

ACADEMIC MEDICAL PROFESSIONALS INSURANCE RISK RETENTION GROUP,
LLC

a Domestic Limited Liability Company formed under the laws of the State of VERMONT, was filed for record in this office on Jul 24, 2013.

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

November 20, 2013

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



James C. Condos
James C. Condos
Vermont Secretary of State

RECEIVED
FALL RIVER
NOV 20 2013

2013 NOV 20 PM 4:52

Business ID: 0281096
Certificate Number: 2013038694001



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2013

DEBORAH GAMBONE
76 ST. PAUL STREET
SUITE 500
BURLINGTON, VT 05401

SUBJECT: ACADEMIC MEDICAL PROFESSIONAL INSURANCE RISK
RETENTION GROUP LLC
Ref. Number: W13000059028

We have received your document for ACADEMIC MEDICAL PROFESSIONAL INSURANCE RISK RETENTION GROUP LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 513A00024793

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA