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(City/State/Zip/Phone #)

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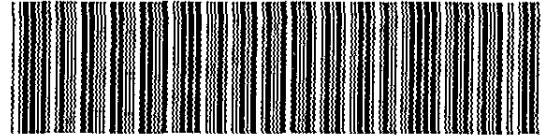
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pediatricians Insurance Risk Retention Group of America, 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:

EUGENE A. ROSOV
(Name of Person)

MDM Co., Inc.
(Firm/Company)

5981 NE 6 Ave.
(Address)

Miami FL 33137
(City/State and Zip code)

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For further information concerning this matter, please call:

EUGENE A. ROSOV at (305) 751-9195 or 786 286-9706
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration 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. Pediatricians Insurance Risk Retention Group of America, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Vermont (U.S.A.) 3. 20-0167681
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. July 24, 2003 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification" (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 5981 NE 6 Ave., Miami FL 33137
(Principal office address)


5981 NE 6 Ave., Miami FL 33137
(Current mailing address)

8. To engage in the business of insuring and reinsuring various types of risks as a captive insurer pursuant to ch. 141, Title 8, VT statutes annotated and as a risk retention group pursuant to the Federal Liability Risk Retention Act, 15 USC § 3901 et seq. conducting all activities necessary or incidental to the foregoing, and engaging in any other lawful business or activity
(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 or Mail Drop Box NOT acceptable)
Name: EUGENE A. ROSOV

Office Address: 5981 NE 6 Ave.,
Miami, Florida 33137
(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)

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

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Henry Gelband, M.D.

Address: Dept. of Pediatrics, D-820 - University of Miami School of Medicine
P.O. Box 016820 - Miami FL 33101

Director: Todd Zimmerman, D.O.

Address: c/o MDMC, 5981 NE 6 Ave., Miami FL 33137

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B. OFFICERS

President: EUGENE A. ROSOV

Address: 5981 NE 6 Ave.
Miami FL 33137

Vice President: _____

Address: _____

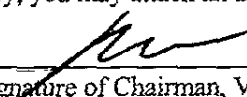
Secretary: Julie S. Boucher (Secretary and Director)

Address: P.O. Box 530 - Burlington VT 05402-0530

Treasurer: Michael J. Mazzola (Treasurer and Director)

Address: c/o MDMC, 5981 NE 6 Ave., Miami FL 33137

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. EUGENE A. ROSOV, President
(Typed or printed name and capacity of person signing application)

STATE OF VERMONT
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

*I, Deborah L. Markowitz, Secretary of State of the State of Vermont, do hereby certify that
according to the records of this office*

PEDIATRICIANS INSURANCE RISK RETENTION GROUP OF AMERICA, INC.

a corporation formed under the laws of the State of Vermont

was filed for record in this office on July 24, 2003.

*I further certify that the corporation has perpetual duration and that articles of dissolution have not
been filed.*

September 22, 2003

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



Deborah L. Markowitz

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