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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

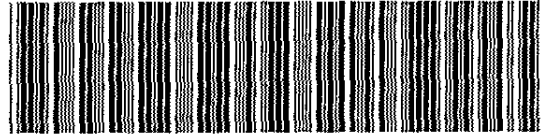
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CARE Risk Retention Group, Inc.
5101 Wisconsin Avenue, N.W. • Washington, D.C. • 20016

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 11, 2004

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

Re: CARE Risk Retention Group, Inc.

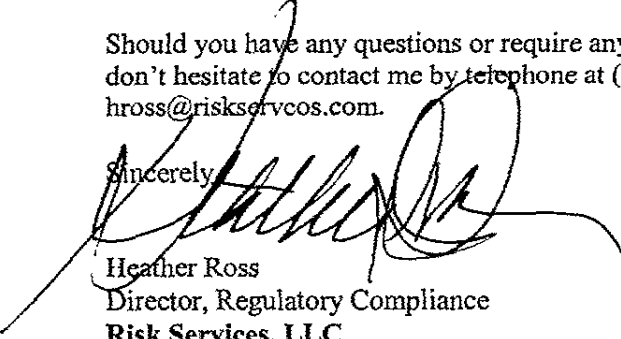
Dear Sir/Madam:

The enclosed Application by the above-referenced corporation is submitted in accordance with the directive of the Florida Department of Insurance relative to the company's registration filing made with that Department. 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 Corporate Existence for a Captive Insurer, issued by the Government of the District of Columbia Department of Insurance and Securities Regulation, the official having custody of the company's corporate records in the jurisdiction of the company's incorporation;
4. Check in the amount of \$70.00 in payment of the Division's filing fee.

Should you have any questions or require anything further in connection with this matter, please don't hesitate to contact me by telephone at (703) 812-8425 or by e-mail at hross@risksvcos.com.

Sincerely,



Heather Ross
Director, Regulatory Compliance
Risk Services, LLC
As Managers for
CARE Risk Retention Group, Inc.

/hr

Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARE 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)

Risk Services, LLC
(Firm/Company)

1501 Wilson Boulevard, Suite 1110
(Address)

Arlington, VA 22209
(City/State and Zip code)

For further information concerning this matter, please call:

Heather Ross at (703) 812-8425
(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

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IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED FOR REGISTRATION
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. MAR 15 PM 3:1

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. CARE 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. District of Columbia 3. 52-2395338
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/31/03 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. 5101 Wisconsin Avenue, Suite 500, Washington, D.C., 20016
(Principal office address)

c/o Risk Services, LLC, 1501 Wilson Blvd., Ste. 1110, Arlington, VA, 22209
(Current mailing address)

8. SEE ATTACHMENT 8.
(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)

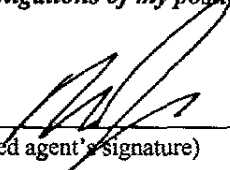
Name: Michael T. Rogers

Office Address: Risk Services, 1800 Second Street, Suite 909

Sarasota, Florida 34236
(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:

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A. DIRECTORS

Chairman: Robert G. Pope, M.D.
Address: 7640 Classic Way, Atlanta, GA, 30350

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: Daniel Hafendorfer, M.D.
Address: 7016 Breakwater Place, Prospect, KY, 40059

Director: Michael T. Rogers
Address: 1800 Second Street, Suite 909, Sarasota, FL, 34236

Director: _____
Address: _____

B. OFFICERS

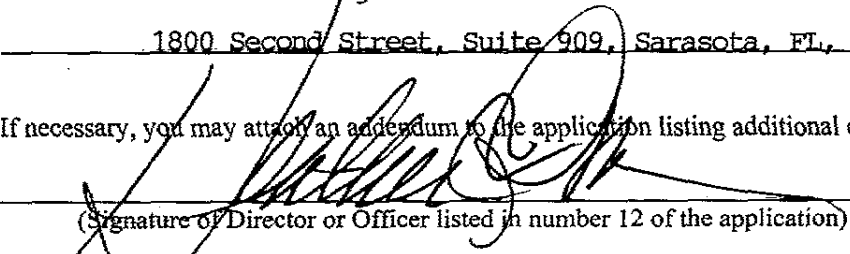
President: Daniel Hafendorfer, M.D.
Address: 7016 Breakwater Place, Prospect, KY, 40059

Vice President: Robert G. Pope, M.D.
Address: 7640 Classic Way, Atlanta, GA, 30350

Secretary: Heather Ross
Address: 1501 Wilson Boulevard, Suite 1110, Arlington, VA, 22209

Treasurer: Michael T. Rogers
Address: 1800 Second Street, Suite 909, Sarasota, FL, 34236

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CARE Risk Retention Group, Inc.
Attachment 8

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 the Captive Insurance Company Act of 2000, D.C. Law 13-192, D.C. Code Section 35-5001 et seq. [2001 supp]., and the federal Product Liability Risk Retention Act of 1981, as amended, 15 U.S.C. Section 3901 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 the Captive Insurance Company Act of 2000, D.C. Law 13-192, D.C. Code Section 35-5001 et seq. [2001 supp].
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 District of Columbia 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 D.C. Law 13-192, D.C. Code Section 35-5001 et seq. [2001 supp], and the federal Product Liability Risk Retention Act of 1981, as amended, 15 U.S.C. Section 1501 et seq.

Government of the District of Columbia
Department of Insurance and Securities Regulation

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Lawrence H. Mirel
Commissioner

Captive Insurance Division

CERTIFICATE OF CORPORATE EXISTENCE
FOR A
CAPTIVE INSURER

I, Lawrence H. Mirel, Commissioner of the Department of Insurance and Securities Regulation (DISR), pursuant to D.C. Official Code § 31-3906, do hereby certify that the domestic corporation records on file in this office disclose that Care Risk Retention Group, an Association Captive, incorporated in the District of Columbia on October 31, 2003. I further certify that the records do not disclose that said corporation has been dissolved.

IN TESTIMONY WHEREOF, I have hereunto set my hand this 11th day of February, 2004 at the City of Washington, D.C.

A handwritten signature in cursive script that reads "Lawrence H. Mirel".

Lawrence H. Mirel, Commissioner
Department of Insurance and Securities Regulation

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