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(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

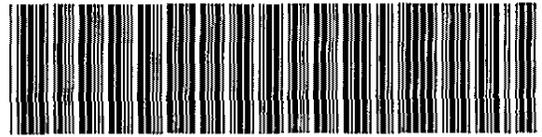
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

05 FEB -9 PM 4:50

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 FEB -9 PM 4:58

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Health Care Casualty, 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:

Wayne Sinclair
(Name of Person)

Clarity Group, Inc.
(Firm/Company)

8600 W. Bryn Mawr - Suite 120-N
(Address)

Chicago, IL 60631
(City/State and Zip code)

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05 FEB -9 PM 14:58
SEALY PARK, FLORIDA
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Kathleen Burdsall at (773) 864-8280
(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. Health Care Casualty 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. Washington, DC

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

3. 20-1994595

(FEI number, if applicable)

4. December 10, 2004

(Date of incorporation)

5. Perpetual

(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. 3510 Whitehaven Pkwy, NW, Washington, DC 20007

(Principal office address)

8600 W. Bryn Mawr - Suite 120-N, Chicago, IL 60631

(Current mailing address)

FILED 05 FEB - 9 PM 4:58 SECRETARY OF STATE TALLAHASSEE FLORIDA

8. Medical professional liability insurance

(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: Edwin R. Hudson, Henry, Buchanan, Hudson, Suber & Carter, P.A.

Office Address: 117 South Gadsden Street

Tallahassee, Florida 32301 (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.

Edwin R. Hudson

(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: Timothy McCormick

Address: 89 Genesse Street
Rochester, NY 14611

Vice Chairman: _____

Address: _____

Director: Gary Stein

Address: 1401 Foucher Street
New Orleans, LA 70115

Director: Michael Means

Address: 6459 S. US Hwy 1
Rockledge, FL 32955

B. OFFICERS

President: Timothy McCormick

Address: 89 Genesse Street
Rochester, NY 14611

Vice President: _____

Address: _____

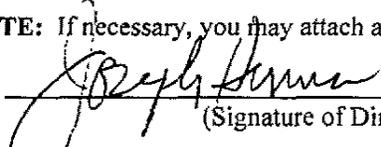
Secretary: Wayne A. Sinclair

Address: 3510 Whitehaven Pkwy, NW , Washington, DC 20007

Treasurer: Joseph Herman

Address: 8600 W. Bryn Mawr - Suite 120-N, Chicago, IL 60631

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. Joseph Herman , Treasurer _____
(Typed or printed name and capacity of person signing application)

**Government of the District of Columbia
Department of Insurance, Securities and Banking**



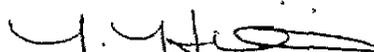
**Lawrence H. Mirel
Commissioner**

Risk Finance Bureau

**CERTIFICATION OF CERTIFICATE OF AUTHORITY
AND GOOD STANDING**

I HEREBY CERTIFY THAT THE ATTACHED CERTIFICATE OF AUTHORITY ISSUED TO **Health Care Casualty, Risk Retention Group, Inc.**, IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE WITH THE DISTRICT OF COLUMBIA DEPARTMENT OF INSURANCE, SECURITIES AND BANKING, AND THAT THE AFOREMENTIONED COMPANY IS IN GOOD STANDING IN THE DISTRICT OF COLUMBIA AS OF THE DATE SET FORTH BELOW.

HEREUNTO SET MY HAND AND
THE OFFICIAL SEAL OF THIS
DEPARTMENT FOR THE COMMISSIONER
OF INSURANCE THIS 13th
DAY OF December 2004.



Timeka Hines
Executive Assistant, Risk Finance Bureau

SEAL

**Government of the District of Columbia
Department of Insurance, Securities and Banking**



**Lawrence H. Mirel
Commissioner**

Risk Finance Bureau

CERTIFICATION OF CERTIFICATE OF INCORPORATION

I HEREBY CERTIFY THAT THE ATTACHED CERTIFICATE OF INCORPORATION
FILED BY **Health Care Casualty, Risk Retention Group, Inc.** IS A TRUE AND CORRECT
COPY OF THE ORIGINAL ON FILE WITH THE DISTRICT OF COLUMBIA
DEPARTMENT OF INSURANCE, SECURITIES AND BANKING.

HEREUNTO SET MY HAND AND
THE OFFICIAL SEAL OF THIS
DEPARTMENT FOR THE COMMISSIONER
OF INSURANCE THIS 13th
DAY OF December 2004.



Timeka Hines
Executive Assistant
Risk Finance Bureau

SEAL

**Government of the District of Columbia
Department of Insurance, Securities and Banking**



**Lawrence H. Mirel
Commissioner**

**CERTIFICATE OF INCORPORATION
FOR A CAPTIVE INSURER**

I, Lawrence H. Mirel, Commissioner of the Department of Insurance, Securities and Banking, pursuant to section 4 of the Captive Insurance Company Emergency Act of 2004 (D.C. Official Code 2005 Winter Supp.), do hereby approve and accept for filing the attached Articles of Incorporation of Health Care Casualty Risk Retention Group, Inc.

HEREUNTO SET MY HAND AND
THE OFFICIAL SEAL OF THIS
DEPARTMENT BY THE COMMISSIONER,
THIS 10th DAY OF DECEMBER, 2004.

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

Lawrence H. Mirel
Commissioner

A circular seal with a textured, embossed appearance. The word "SEAL" is printed in the center of the seal.

Government of the District of Columbia
Department of Insurance, Securities and Banking

Certificate of Authority

License Number: RRG-39-04-05

HEALTH CARE CASUALTY, RISK
RETENTION GROUP, INC.

Government of the District of Columbia

Department of Insurance, Securities and Banking

Anthony A. Williams, Mayor



Issue Date: 12/10/2004

Certificate of Authority - License NO: RRG-39-04-05

The **Health Care Casualty, Risk Retention Group, Inc.** domiciled in the *District of Columbia* having complied with all the applicable requirements of law is hereby authorized to transact within the District of Columbia until April 30, 2005 the kind of insurance business designated below:

Medical Professional Liability

IN WITNESS HEREOF, I have hereunto set my hand

Lawrence H. Mirel
Lawrence H. Mirel, Commissioner

SEAL

(NOT VALID UNLESS SEAL OF THE
DEPARTMENT HAS BEEN AFFIXED)

Doc-u-Mailer/ps

PLEASE CAREFULLY DETACH AT PERFORATION ↓