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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

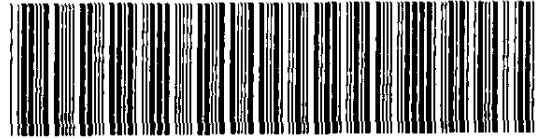
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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PCH MUTUAL INSURANCE COMPANY, INC., A RISK RETENTION GROUP
5101 Wisconsin Avenue, N.W., Suite 500
Washington, D.C. 20016

May 29, 2008

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

Re: PCH Mutual Insurance Company, Inc., A Risk Retention Group
NAIC Company Code: 11973; NAIC Group Code: 0000; FEIN: 20-1065673
Filing for Registration

Dear Sir/Madam:

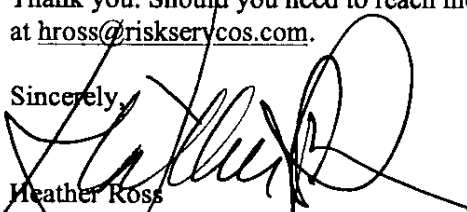
The enclosed Application by the above-referenced corporation is submitted in accordance with the directive of the Florida Office of Insurance Regulation relative to the company's registration filing made with that Office. Accordingly, enclosed please find the following:

1. Transmittal Letter;
2. Application by Foreign Corporation for Authorization to Transact Business in Florida;
3. Original Certificate of Good Standing, issued by the District of Columbia Department of Insurance, Securities and Banking, the official having custody of the company's corporate records in the jurisdiction of the company's incorporation;
4. Check in the amount of \$78.75 in payment of the Division's filing and certified copy fees.

Please return a certified copy of the enclosed filing to my attention at the address noted in the enclosed Transmittal Letter.

Thank you. Should you need to reach me, please contact me by telephone at (202) 471-5944 or by e-mail at hross@riskservices.com.

Sincerely,



Heather Ross
Vice President
Director, Regulatory Compliance
Risk Services, LLC
As Managers for
PCH Mutual Insurance Company, Inc.,
A Risk Retention Group

/hr

Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PCH Mutual Insurance Company, Inc., 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," 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)

c/o Risk Services

(Firm/Company)

2233 Wisconsin Avenue, N.W., Suite 310

(Address)

Washington, DC 20007

(City/State and Zip code)

For further information concerning this matter, please call:

Heather Ross

(Name of Person)

at (202) 471-5944

(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. **PCH Mutual Insurance Company, Inc., 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. **District of Columbia**

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

3. **20-1065673**

(FEI number, if applicable)

4. **4/29/04**

(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. **5101 Wisconsin Avenue, N.W., Suite 500, Washington, DC, 20016**

(Principal office address)

c/o Risk Services, 1800 Second Street, Suite 909, Sarasota, FL, 34236

(Current mailing address)

8. **Please See Attachment 1**

(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:

Michael T. Rogers

Office Address:

1800 Second Street, Suite 909

Sarasota

(City)

, Florida 34236

(Zip code)

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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

xxxxxxx Edgar Blumenfeld

Chairman:

Address: 134 N. LaSaue Street
Chicago, IL 60602

xxxxxxx Matt Harvey

Address: One Windsor Way
Pittsburgh, PA 15237

Director: Christopher Randall

Address: 300 White Oak Road
Lawton, MI 49065

Director: Lynn Harvey

Address: One Windsor Way
Pittsburgh, PA 15237

B. OFFICERS

President: Edgar Blumenfeld

Address: 134 N. LaSaue Street
Chicago, IL 60602

Vice President: Bill Southerland

Address: 2727 Haven Drive
Eagle, ID 83616

Secretary: Christopher Randall

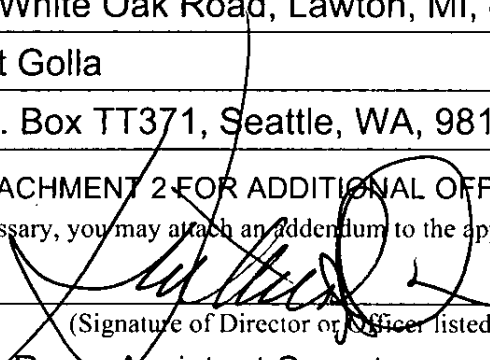
Address: 300 White Oak Road, Lawton, MI, 49065

Treasurer: Bert Golla

Address: P. O. Box TT371, Seattle, WA, 98155

*** SEE ATTACHMENT 2 FOR ADDITIONAL OFFICERS AND DIRECTORS ***

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, Assistant Secretary

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

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PCH Mutual Insurance Company, Inc., A Risk Retention Group

Attachment 1: Purpose of Corporation

The Corporation is being formed primarily as an association captive insurance company, as defined by D.C. Official Code § 31-3901 *et seq.* (2001), and to operate as a risk retention group pursuant to the provisions of the Product Liability Risk Retention Act of 1981 as amended by the Federal Liability Risk Retention Act of 1986 (15 U.S.C. § 3901, *et seq.*). Accordingly, the Corporation shall be authorized to:

1. Act as a mutual insurer of insurance as permitted of an association captive insurance company by D.C. Official Code § 31-3901 *et seq.* (2001);
2. To do and transact any and every other kind of business which is permitted under the 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. Official Code § 31-3901 *et seq.* (2001).

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TALLAHASSEE, FLORIDA

PCH Mutual Insurance Company, Inc., A Risk Retention Group
Attachment 2: Additional Officers and Directors

Additional Directors:

Charley Pearl Walker
Walker Lake Breeze, Inc.
440 Lang Road
Covington, GA 30014

Brian Barrick
PCALIC, LLC
195 Stock Street
Hanover, PA 17331

Bert Golla
P.O. Box TT371
Seattle, WA 98155

John Comsia
SRC Retirement, Inc.
1218 Crosby
Houston, TX 77019

Ken Grey
Grey's Colonial Acres (PCH)
13259 SR 422
Kittanning, PA 16201

Bill D. Southerland
ALMSA, Inc.
2729 Haven Dr.
Eagle, ID 83616
Phone: (208) 867-2437

Additional Officers:

Brian Troy Winch
Assistant Treasurer
Risk Services
1800 Second Street, Suite 909
Sarasota, FL 34236

John Comsia
Vice President
SRC Retirement, Inc.
1218 Crosby
Houston, TX 77019

Heather Ross
Assistant Secretary
Risk Services
2233 Wisconsin Avenue, N.W., Suite 310
Washington, DC 20007

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



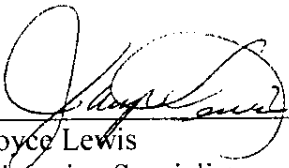
Thomas E. Hampton
Commissioner

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CERTIFICATE OF GOOD STANDING

I HEREBY CERTIFY THAT THE **PCH Mutual Insurance Company, Inc., A Risk Retention Group**, IS CURRENTLY LICENSED, AND IN COMPLIANCE WITH ALL APPLICABLE LAWS AND REGULATIONS 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 8th
DAY OF May 2008.



Joyce Lewis
Licensing Specialist
Risk Finance Bureau

SEAL