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TALLAHASSEE, FLORIDA

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647

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Indemnity Insurance Corporation of DC, 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:

Mitchell Paul

(Name of Person)

Indemnity Insurance Corporation of DC, Risk Retention Group

(Firm/Company)

950 Ridgebrook Road, Suite 1500

(Address)

Sparks, MD 21152

(City/State and Zip code)

For further information concerning this matter, please call:

Mitchell Paul

(Name of Person)

at (410) 472-6000

(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

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**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. Indemnity Insurance Corporation of DC, Risk Retention Group

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "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. 20-1224592

(FEI number, if applicable)

4. May 14, 2004

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 950 Ridgebrook Road, Suite 1500, Sparks, MD 21152

(Principal office address)

950 Ridgebrook Road, Suite 1500, Sparks, MD 21152

(Current mailing address)

8. Insurance Services

(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: **United Corporate Services, Inc.**

Office Address: **9200 South Dadeland Blvd., Suite 508**

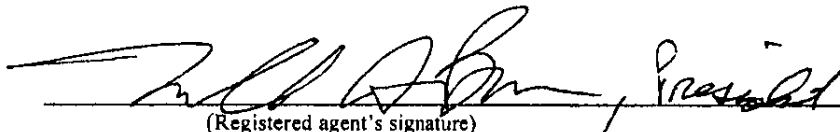
Miami, Florida **33156**

(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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Jeffrey B. Cohen

Address: 950 Ridgebrook Road, Suite 1500
Sparks, MD 21152

Vice Chairman: _____

Address: _____

Director: Harvey Knick

Address: 950 Ridgebrook Road, Suite 1500
Sparks, MD 21152

Director: Mitchell Paul

Address: 950 Ridgebrook Road, Suite 1500
Sparks, MD 21152

B. OFFICERS

President: Jeffrey B. Cohen

Address: 950 Ridgebrook Road, Suite 1500
Sparks, MD 21152

Vice President: Harvey Knick

Address: 950 Ridgebrook Road, Suite 1500
Sparks, MD 21152

Secretary: Mitchell Paul

Address: 950 Ridgebrook Road, Suite 1500, Sparks, MD 21152

Treasurer: Jeffrey B. Cohen

Address: 950 Ridgebrook Road, Suite 1500, Sparks, MD 21152

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. _____

Mitchell Paul, Secretary

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

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SECRETARY
TALLAHASSEE, FLORIDA

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




Thomas E. Hampton
Commissioner

CERTIFICATE OF GOOD STANDING

I HEREBY CERTIFY THAT THE **Indemnity Insurance Corporation of DC, 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 19th
DAY OF JUNE 2008.



Joyce Lewis
Licensing Specialist
Risk Finance Bureau

SEAL