

Shoreline Physicians Liability Risk Retention Group

July 16, 2008

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

**Re: Shoreline Physicians Liability Risk Retention Group ("Shoreline RRG")
NAIC Company Code: 13014; NAIC Group Code: 0000; FEIN: 26-1479165**

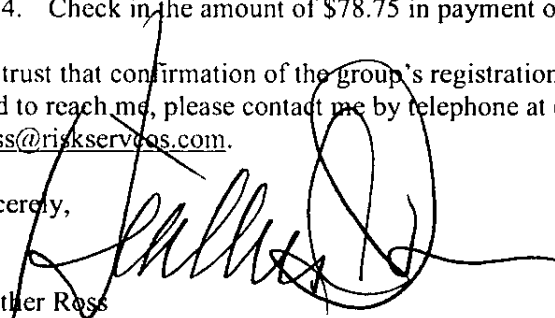
Dear Sir/Madam:

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 Existence, issued by the Office of the Secretary of State of the State of Nevada, 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.

We trust that confirmation of the group's registration in the State will be forthcoming shortly. 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
Director, Regulatory Compliance
Risk Services-Nevada, Inc.
AS Managers for
**Shoreline Physicians Liability
Risk Retention Group, Inc.**

HR/sl

Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Shoreline Physicians Liability 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)

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. Shoreline Physicians Liability 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. Nevada

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

3. 26-1479165

(FEI number, if applicable)

4. 10/23/07

(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. 5430 West Sahara Avenue, Las Vegas, NV 89146

(Principal office address)

c/o Risk Services, 1800 Second Street, Suite 909E, 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 909E

Sarasota, Florida 34236 (City) (Zip code)

FILED 08 JUL 21 PM 3:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 Chairman: Gary L. Ketchum

Address: 87 Stephens Park Road
Hackettstown, NJ 07840

XXXXXXXXXX Mark A. Tisdell

Address: 1520 South Lapeer Road, #120
Lake Orion, MI 48360

Director: Lawrence Mohn

Address: 3477 Orchard Lake Road
Keego Harbor, MI 48320

Director: Ronald Landram

Address: 5430 W. Sahara Avenue
Las Vegas, NV 89146

B. OFFICERS

President: Gary L. Ketchum

Address: 87 Stephens Park Road
Hackettstown, NJ 07840

Vice President: Mark A. Tisdell

Address: 1520 South Lapeer Road, #120
Lake Orion, MI 48360

Secretary: Salvatore Rodriguez

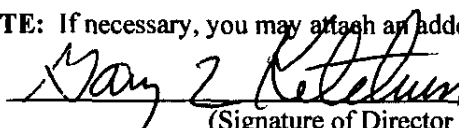
Address: 2810 W. St. Isabel Street, #201B, Tampa, FL 33607

Treasurer: Anthony Maniscalco

Address: 2810 W. St. Isabel Street, #201B, Tampa, FL 33607

*** 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. Gary L. Ketchum, President

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

FILED

08 JUL 21 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DIVISION OF CORPORATIONS
STATE OF FLORIDA
REGISTRATION SECTION**

Shoreline Physicians Liability: A Risk Retention Group

Attachment: Officers and Directors¹

FILED
08 JUL 21 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dr. Benedict Maniscalco
Director
SS#265-60-6713
4730 Habana Avenue, Suite 201
Tampa, FL 33614

Dr. William Luria
Director
SS#098-38-5252
2727 W. Martin Luther King, Jr., Suite 500
Tampa, FL 33607

Dr. Alan Lezzi
Director
SS#178-44-6760
15511 N. Florida Avenue, Suite D
Tampa, FL 33613

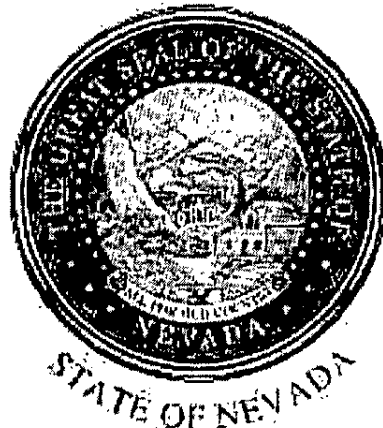
Dr. David Drenning
Director
SS#411-21-0256
930 Franklin Street
Huntsville, AL 35801

Anthony Maniscalco
Treasurer
SS#263-98-6010
2810 W. St. Isabel Street, Suite 201B
Tampa, FL 33607

Salvatore Rodriguez
Secretary
SS#262-54-3169
2810 W. Isabel Street, Suite 201B
Tampa, FL 33607

¹ Application for Registration as a Risk Retention Group

SECRETARY OF STATE



08 JUL 21 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SHORELINE PHYSICIANS LIABILITY RISK RETENTION GROUP**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since October 23, 2007, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 8, 2008.

A handwritten signature in black ink, appearing to read "Ross Miller".

ROSS MILLER
Secretary of State

By A handwritten signature in black ink, appearing to read "Chris Skuman".

Certification Clerk