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Florida Department of State

Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : INCORPORATING SERVICES FL  
Account Number : I20050000052  
Phone : (302) 531-0855  
Fax Number : (850) 656-7953

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: ADavis@incserv.com

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**148892**

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DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

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Aug 06 2010

**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. CHC 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. Vermont

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

3. 02-0639951

(FEI number, if applicable)

4. August 22, 2002

(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. 100 Bank Street, Burlington, VT 05401

(Principal office address)

PO Box 530, Burlington, VT 05402-0530

(Current mailing address)

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 NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 2731 Executive Park Drive, Suite 4

Weston, Florida 33331

(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.*

B. Spill Brady, Asst. Secretary

(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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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: None

Address: \_\_\_\_\_

Vice Chairman: None

Address: \_\_\_\_\_

Director: Chris E. Mackail

Address: 6705 Rockledge Drive, Suite 900

Bethesda, MD 20817

Director: Susan M. Benjamin

Address: 6705 Rockledge Drive, Suite 900

Bethesda, MD 20817

**B. OFFICERS**

President: Chris E. Mackail

Address: 6705 Rockledge Drive, Suite 900

Bethesda, MD 20817

Vice President: Susan M. Benjamin

Address: 6705 Rockledge Drive, Suite 900, Bethesda, MD 20817

6705 Rockledge Drive, Suite 900, Bethesda, MD 20817

Secretary: Jonathan D. Weinberg

Address: 6705 Rockledge Drive, Suite 900, Bethesda, MD 20817

Treasurer: John J. Ruhlmann

Address: 6705 Rockledge Drive, Suite 900, Bethesda, MD 20817

**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. Chris E. Mackail

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

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**CHC Casualty Risk Retention Group, Inc.**  
**Attachment to Application for Registration – Question 12**

<u>Name</u>	<u>Position with RRG</u>	<u>Address</u>
John Ruhlmann	Director	6705 Rockledge Drive, Suite 900 Bethesda, MD 20817
Jonathan Weinberg	Director	6705 Rockledge Drive, Suite 900 Bethesda, MD 20817
Julie Boucher	Director & Asst. Secretary	100 Bank Street, Suite 610 Burlington, VT 05401
Marcy Waterfall	Assistant Secretary	100 Bank Street, Suite 610 Burlington, VT 05401
Melinda L. Tuozzo	Director & Vice President	6705 Rockledge Drive, Suite 900 Bethesda, MD 20817

CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

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STATE OF VERMONT  
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, Deborah L. Markowitz, Vermont Secretary of State, do hereby certify that  
according to the records of this office

**CHC CASUALTY RISK RETENTION GROUP, INC.**

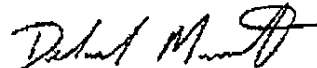
a corporation formed under the laws of the State of Vermont

was filed for record in this office on August 22, 2002

I further certify that the corporation has perpetual duration, that its most recent annual  
report is on file, and, as of this date, articles of dissolution/withdrawal have not been  
filed.

August 03, 2010

Given under my hand and the seal  
of the State of Vermont, at  
Montpelier, the State Capital



Deborah Markowitz  
Secretary of State



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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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