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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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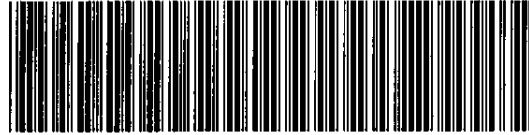
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 18 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Mountain Lake 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," or "Certificate of Good Standing" 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:

Daniel Williams

Name of Person

Aon Insurance Managers

Firm/Company

76 Saint Paul Street, Suite 500

Address

Burlington, Vermont 05401

City/State and Zip code

daniel.williams@aon.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Williams

Name of Person

at (802) 264-4717

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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TALLAHASSEE, FLORIDA

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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. Mountain Lake 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. 27-3144558

(FEI number, if applicable)

4. July 30, 2010

(Date of incorporation)

5. Perpetual

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

6. Has not yet transacted business in Florida

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

7. 76 Saint Paul Street, Suite 500, Burlington, Vermont 05401

(Principal office address)

76 Saint Paul Street, Suite 500, Burlington, Vermont 05401

(Current mailing address)

8. 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: NBAI SERVICES, Inc.

Office Address: 2731 Executive Park, Drive, Suite 4

Weston, Florida 33331
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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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.

Jill Probst Asst. Secretary
(Registered agent's signature) Jill Probst

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: *** Please see attached ***

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: *** please see attached ***

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Lisa Marie Pate*
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Lisa Marie Pate, Director and Secretary

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

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Officers and Directors for Mountain Lake Risk Retention Group, Inc.

Directors:

Director (Chairman)

Director (Vice Chairman)

Director

Director

Director

Officers:

President

Vice President

Secretary

Treasurer (key officer)

Asst. Secretary

Asst. Treasurer

Name

Max L. Fuller

Ray M. Harlin

Lisa Marie Pate

Leigh Anne Battersby

Peter Joy

Lori Bonneau

Physical and Mailing Address

4080 Jenkins Road, Chattanooga, Tennessee 37421

4080 Jenkins Road, Chattanooga, Tennessee 37421

4080 Jenkins Road, Chattanooga, Tennessee 37421

4080 Jenkins Road, Chattanooga, Tennessee 37421

Aon Insurance Managers, 76 Saint Paul Street, Suite 500, Burlington, Vermont 05401

4080 Jenkins Road, Chattanooga, Tennessee 37421

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SECRETARY OF STATE



State of Vermont
Department of Banking, Insurance,
Securities and Health Care Administration
89 Main Street
Montpelier, VT 05620-3101
www.bishca.state.vt.us

Consumer Assistance Only:
Insurance: 1-800-964-1784
Health Care Admin.: 1-800-631-7788
Securities: 1-877-550-3907

*IT IS HEREBY CERTIFIED THAT the annexed copy of the Certificate of Authority
for*

Mountain Lake Risk Retention Group, Inc.

*a domestic captive insurance company of Burlington, Vermont has been compared with the original
on file in this Department and that it is a correct transcript therefrom and of the whole of said original.*

*IN WITNESS WHEREOF, I
have hereunto set my hand,
and affixed the official seal
of this Department at the City
of Montpelier, this 16th day
of November, 2010.*


DAVID F. PROVOST
DEPUTY COMMISSIONER
CAPTIVE INSURANCE

SECRETARY OF STATE
BILL HASSEY, FLORIDA

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Banking
802-828-3307

Insurance
802-828-3301

Captive Insurance
802-828-3304

Securities
802-828-3420

Health Care Admin.
802-828-2900



State of Vermont
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Mountain Lake Risk Retention Group, Inc.

X
X **Certificate of Authority**
X
X
X **NO. 898**

WHEREAS, pursuant to the provisions of 8 V.S.A. Chapter 141, Mountain Lake Risk Retention Group, Inc. did apply to the Commissioner of Banking, Insurance, Securities and Health Care Administration for a license as a captive insurance company in the State of Vermont; and

WHEREAS, the Department of Banking, Insurance, Securities and Health Care Administration has reviewed all of the facts and circumstances surrounding this application and based on that review does hereby find that all of the documents, papers and submissions relating thereto satisfy all the requirements of 8 V.S.A. Chapter 141;

NOW THEREFORE, pursuant to the authority of the Commissioner of Banking, Insurance, Securities and Health Care Administration set forth at 8 V.S.A., Section 6002, this Certificate authorizing Mountain Lake Risk Retention Group, Inc. to transact the business of a captive insurance company is hereby issued, subject to the licensee's compliance with all applicable laws, rules and regulations of the State of Vermont.

IN WITNESS WHEREOF
I have set my hand
and official seal of the
Department of Banking,
Insurance, Securities and
Health Care Administration
this 30th day of July, 2010.


MICHAEL S. BERTRAND
COMMISSIONER

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TALLAHASSEE, FLORIDA



Banking
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