

F11000001772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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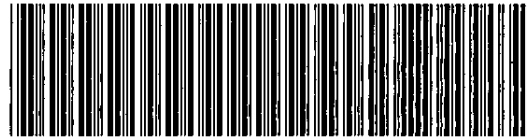
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J 4/25/11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Physicians Casualty 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:

Heather Ross

Name of Person

Risk Services

Firm/Company

2233 Wisconsin Avenue, NW, Suite 310

Address

Washington, DC 20007

City/State and Zip code

hross@riskservcos.com

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

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

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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. Physicians 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. Nevada

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

3. 27-3867083

(FEI number, if applicable)

4. 8/20/10

(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 W. Sahara Avenue, Las Vegas, NV, 89146

(Principal office address)

c/o Risk Services, 2233 Wisconsin Avenue, NW, Ste. 310, Washington, DC, 20007

(Current mailing address)

8. See Attachment

(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

(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

Director:

~~XXXXXX~~ Jeffrey Charles Pollick

Address: 2401 West Bay Drive, #124, Largo, FL, 33770

Director:

~~XXXXXXXX~~ Charles Augustus Kottmeier, II, M.D.

Address: 735 Island Way, Clearwater, FL, 33767

Director: Jody Lynn Schwahn

Address: 414 Belle Isle Avenue, Belleair Beach, FL, 33786

Director: Victoria Erickson

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

B. OFFICERS

President: Jeffrey Charles Pollick

Address: 2401 West Bay Drive, #124, Largo, FL, 33770

Vice President:

Address:

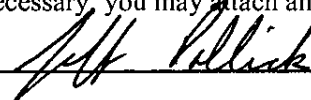
Secretary: Charles Augustus Kottmeier, II, M.D.

Address: 735 Island Way, Clearwater, FL, 33767

Treasurer: Jody Lynn Schwahn

Address: 414 Belle Isle Avenue, Belleair Beach, FL, 33786

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

13. 

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. Jeffrey Charles Pollick, President

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

PH. 415
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**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

Physicians Casualty Risk Retention Group, Inc.

Attachment: Purpose of Corporation

The Corporation is formed as an association captive insurance company under NRS Chapter 694C, for the purpose of conducting the business of , and acting as a risk retention group, pursuant to the federal Product Liability Risk Retention Act of 1981, as amended, 15 U.S.C. §3901 et. seq. ("the Act"), and NRS Chapter 695.

(B) Subject to any applicable limitations under the Act, NRS chapter 694C, and any other applicable state and/or federal statute or regulation, the Corporation shall have the power to do all things necessary or convenient to carry out its business and affairs.

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**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

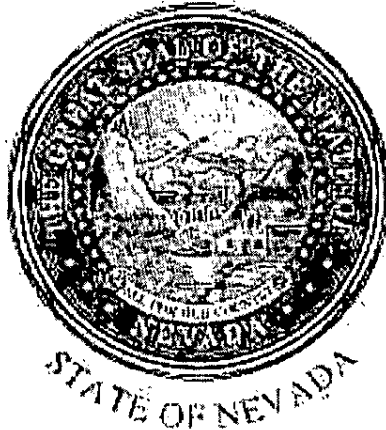
Physicians Casualty Risk Retention Group, Inc.

Attachment: Additional Officers

Assistant Secretary: Kimberly P. Berry
2401 West Bay Drive, #124
Largo, FL 33770

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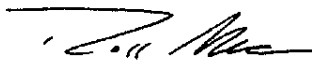
CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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, **PHYSICIANS CASUALTY RISK RETENTION GROUP, INC.**, 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 August 20, 2010, 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 April 12, 2011.


ROSS MILLER
Secretary of State

Certified By: Chris Thomann
Certificate Number: C20110411-1621
You may verify this certificate
online at <http://www.nvsos.gov/>

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