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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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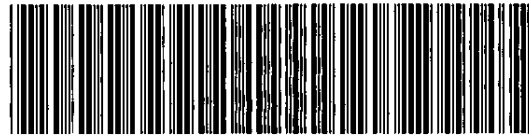
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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Ps 12/21/11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NCMIC 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:

Jacqueline Anderson

Name of Person

NCMIC Group, Inc.

Firm/Company

14001 University Ave.

Address

Clive, IA 50325

City/State and Zip code

janderson@ncmic.com

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

For further information concerning this matter, please call:

Rejeana Otte

Name of Person

at (515) 313-4717

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

**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. NCMIC 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. 45-2990036

(FEI number, if applicable)

4. 8/11/11

(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. 148 College St., #204 Burlington, VT 05401

(Principal office address)

14001 University Ave., Clive, IA 50325

(Current mailing address)

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8. Professional liability insurance for chiropractors

(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: 515 East Park Avenue

Tallahassee

(City)

, Florida 32301

(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.

John Cristofor VP of NRAI
(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

Chairman: Please see attached list.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Please see attached list.

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. Jacqueline Anderson

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. Jacqueline Anderson, VP Compliance/Corporate Secretary

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

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NCMIC RISK RETENTION GROUP, INC.

List of Directors

<u>Name</u>	<u>Business Address</u>
Jacqueline Leora Anderson	14001 University Ave., Clive, IA 50325
Roger Leslie Schlueter	14001 University Ave., Clive, IA 50325
Patrick Eugene McNerney	14001 University Ave., Clive, IA 50325
Louis Sportelli	14001 University Ave., Clive, IA 50325
Russell Allen Young	14001 University Ave., Clive, IA 50325
Wayne Curtis Wolfson	14001 University Ave., Clive, IA 50325
Vincent Paul Lucido	14001 University Ave., Clive, IA 50325

List of Officers

<u>Name</u>	<u>Business Address</u>
Jacqueline Leora Anderson	14001 University Ave., Clive, IA 50325
Patrick Eugene McNerney	14001 University Ave., Clive, IA 50325
Roger Leslie Schlueter	14001 University Ave., Clive, IA 50325

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STATE OF VERMONT
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

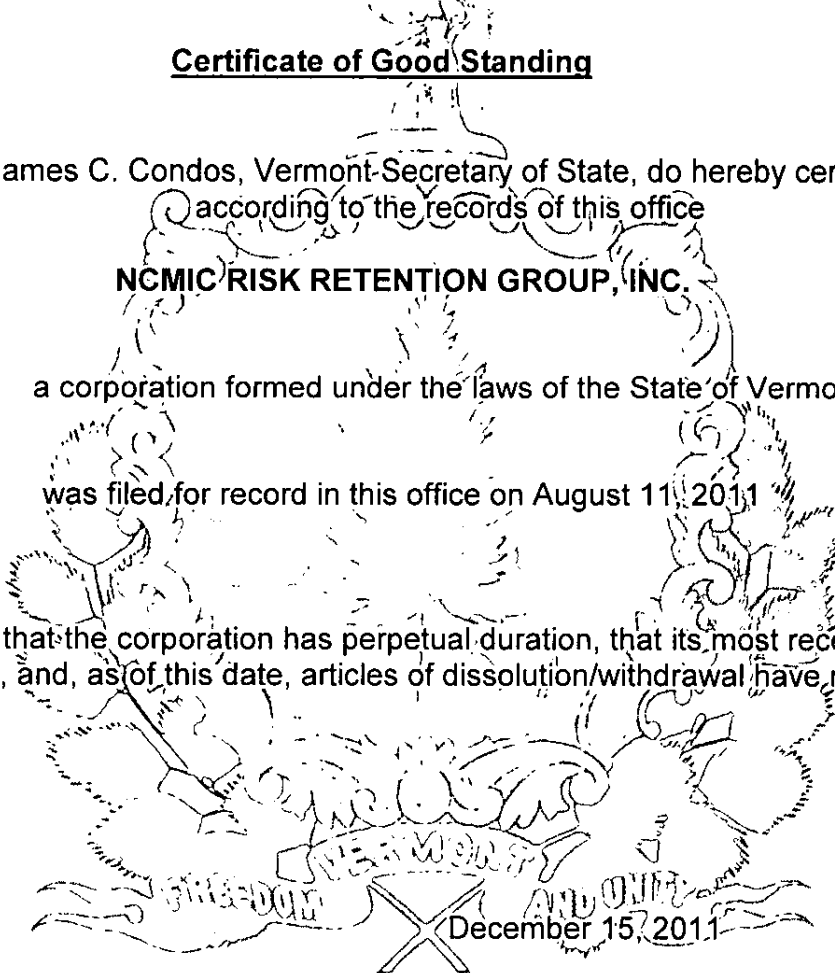
I, James C. Condos, Vermont Secretary of State, do hereby certify that
according to the records of this office

NCMIC RISK RETENTION GROUP, INC.

a corporation formed under the laws of the State of Vermont

was filed for record in this office on August 11, 2011

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.



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

James C. Condos

James C. Condos
Secretary of State



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