

**F1200004915**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

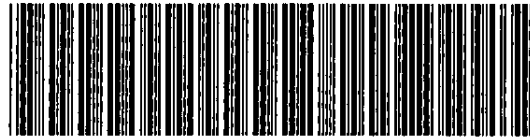
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12 DEC - 6 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** NASW 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:

Len Clapp

Name of Person

Beecher Carlson as Captive Manager for NASW RRG, Inc.

Firm/Company

8390 E. Crescent Parkway, Suite 200

Address

Greenwood Village, CO 80111

City/State and Zip code

lclapp@beechercarlson.com

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

For further information concerning this matter, please call:

Len Clapp

Name of Person

at ( 303 ) 996-5456

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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DIVISION OF STATE  
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. **NASW 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. **District of Columbia**

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

3. **45-5581834**

(FEI number, if applicable)

4. **6/15/12**

(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. **1333 H Street NW Suite 820, Washington DC, 20005**

(Principal office address)

**8390 E. Crescent Parkway, Greenwood Village, CO 80111**

(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:

**NRAI Services, Inc.**

Office Address:

**515 E. Park Avenue**

**Tallahassee**

(City)

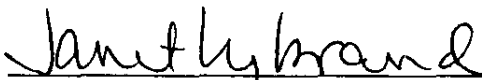
, Florida

**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.*



(Registered agent's signature)

**Janet Lybrand, Assistant Secretary, NRAI Services, Inc.**

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.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Joseph Monahan

Address: 55 W. Monroe Street, Suite 3700  
Chicago, IL 60603

Vice Chairman: Diana Stroud

Address: 501 Deer Run Drive  
Mahomet, IL 61853

Director: Tony Benedetto

Address: 50 Citizens Way, Suite 304  
Frederick, MD 21701

Director: Paul d'Agostino

Address: 7811 Campwood Avenue  
Tampa, FL 33637

**B. OFFICERS**

President: Joseph Monahan

Address: 55 W. Monroe Street, Suite 3700  
Chicago, IL 60603

Vice President: \_\_\_\_\_

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

Secretary: Diana Stroud

Address: 501 Deer Run Drive, Mahomet, IL 61853

Treasurer: Deborah Reyes

Address: 2655 S. LeJeune Road, PH I-K, Coral Gables, FL 33134

**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. Tony Benedetto, Director, Vice President

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

FILED  
12 OCT - 5 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Government of the District of Columbia  
Vincent C. Gray, Mayor  
Department of Insurance, Securities and Banking



William P. White  
Commissioner

**RRG CERTIFICATION**

It is hereby certified that NASW Risk Retention Group, Inc. is  
domiciled in this State and meets the minimum qualifications required of a risk retention group  
in this State as of this date.

The minimum net worth required of the risk retention group in this State as of this  
date is \$500,000.00 Surplus -----31-3931.06(f)(5) Code Cite

Department of Insurance of the District of Columbia  
State

Dana G. Sheppard  
Signature of Insurance Department Official  
Completing the Above Information

Associate Commissioner, Risk Finance Bureau  
Department of Insurance, Securities and Banking  
Title

Date

11/28/12

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

12 DEC - 6 AM 10:30

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