

F120000004915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

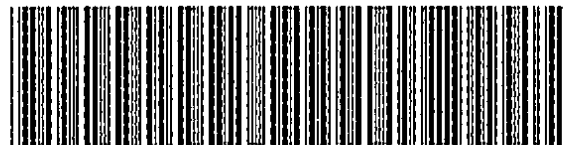
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J. HORNE
AUG 18 2023

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09/04/23--01014--001 **8.75

01/17/23--01037--005 **2

CLERK OF STATE
TALLAHASSEE, FLORIDA
JUL 20 PM 4:01



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2023

CATHY JOHNSON
8000 E MAPLEWOOD AVENUE
SUITE 350
GREENWOOD VILLAGE, CO 80111 US

SUBJECT: NASW RISK RETENTION GROUP, INC.
Ref. Number: F12000004915

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 923A00006759

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: NASW Risk Retention Group, Inc.

Name of Corporation

DOCUMENT NUMBER: F12000004915

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cathy Johnson

Name of Contact Person

Brown & Brown

Firm/Company

8000 E Maplewood Avenue, Suite 350

Address

Greenwood Village, CO 80111

City/State and Zip Code

Cathy.Johnson@bbrown.com

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

For further information concerning this matter, please call:

Cathy Johnson

at (605) 430-6456

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F12000004915

(Document number of corporation (if known))

FILED
23 JUL 26 PM 4:06
CLERK OF STATE
TALLAHASSEE, FLORIDA

1. NASW Risk Retention Group, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. District of Columbia

(Incorporated under laws of)

3. 12/06/2012

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? January 1, 2023

5. Preferra Insurance Company Risk Retention Group "corporation"

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

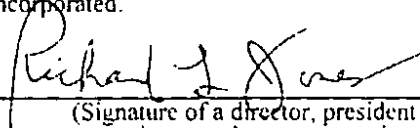
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Richard L. Jones

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35.00

Cathy Johnson
Preferra Insurance Company Risk Retention Group
C/o Beecher Carlson Insurance Services, L.L.C.
8000 E Maplewood Avenue, Suite 350
Greenwood Village, CO 80111

Government of the District of Columbia
Department of Insurance, Securities and Banking

Certificate of Authority

License Number: RR128

Preferra Insurance Company Risk Retention Group

Government of the District of Columbia
Department of Insurance, Securities and Banking

Muriel Bowser, Mayor



Incorporated Date: June 15, 2012
Issued Date: April 30, 2022
Amended Date: January 1, 2023*
Type of Captive: RRG

Certificate of Authority - License NO: RR128

The Preferra Insurance Company Risk Retention Group, formerly named NASW Risk Retention Group Inc., domiciled in the *District of Columbia* having complied with all the applicable requirements of the captive insurance law, is hereby authorized to transact business, until April 30, 2023, the kind of insurance business designated below:



Professional Liability

*Amendment made to change the name of the Company

IN WITNESS WHEREOF, I have hereunto set my hand.

Karima M. Woods, Commissioner

PLEASE CAREFULLY DETACH AT PERFORATION

CERTIFICATE OF GOOD STANDING

I HEREBY CERTIFY THAT THE **PREFERRA INSURANCE COMPANY RISK RETENTION GROUP**, IS CURRENTLY LICENSED, AND IN COMPLIANCE WITH ALL APPLICABLE LAWS AND REGULATIONS FOR LICENSURE AS A CAPTIVE INSURANCE COMPANY IN THE DISTRICT OF COLUMBIA AS OF THE DATE SET FORTH BELOW.

HEREUNTO SET MY HAND AND
THE OFFICIAL SEAL OF THIS
DEPARTMENT FOR THE COMMISSIONER
OF INSURANCE THIS 24TH
DAY OF JANUARY 2023.

Hawi C.

Hawi Chibessa
Insurance Licensing Specialist
Risk Finance Bureau



CERTIFICATION OF ARTICLES OF INCORPORATION

I HEREBY CERTIFY THAT THE ATTACHED AMENDED AND RESTATED ARTICLES OF INCORPORATION FOR PREFERRA INSURANCE COMPANY RISK RETENTION GROUP, IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE WITH THE DISTRICT OF COLUMBIA DEPARTMENT OF INSURANCE, SECURITIES AND BANKING AS OF THE DATE SET FORTH BELOW.

HEREUNTO SET MY HAND AND
THE OFFICIAL SEAL OF THIS
DEPARTMENT FOR THE COMMISSIONER
OF INSURANCE THIS 3RD
DAY OF JANUARY 2023.

Hawi C.

Hawi Chibessa
Insurance Licensing Specialist
Risk Finance Bureau

