

**F1400002716**

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(Requestor's Name)

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

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

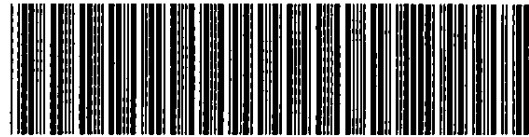
\_\_\_\_\_  
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SECRETARY OF STATE  
OFFICE OF THE CLERK  
1000 PENNSYLVANIA AVENUE  
HARRISBURG, PA 17103-0001

*[Handwritten signature]*

## COVER LETTER

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

**SUBJECT:** STICO Mutual Insurance Company, RRG

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:

Nathaniel Hibler

Name of Person

Aon Captive Insurance Managers

Firm/Company

76 St. Paul Street, Suite 500

Address

Burlington, VT 05401

City/State and Zip code

nathaniel.hibler@aon.com

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

For further information concerning this matter, please call:

Nate Hibler

Name of Person

at ( 802 ) 264-4720

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

**STICO Mutual Insurance Company,  
Risk Retention Group  
c/o Aon Insurance Managers**

**76 St. Paul Street  
Suite 500  
Burlington, VT 05401-4477**

**Tel: (802) 862-4400  
Fax: (802) 860-0440**

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June 16, 2014

Florida Department of State  
Division of Corporations  
New Filing Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Application by Foreign Corporation for Authorization to Transact Business in FL

To whom it may concern,

On May 6<sup>th</sup>, 2014, STICO Mutual Insurance Company, RRG, a Vermont domiciled risk retention group, submitted an Application by Foreign Corporation for Authorization to Transact Business in Florida. It was subsequently noted that the 'Date first transacted business in Florida, if prior to registration' had been omitted. I have attached an amended registration which now shows this date as April 15<sup>th</sup>, 2003.

Please contact us with any questions you may have.

Sincerely,

  
Josh Bicknell  
Account Manager

Enclosures:

**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. STICO Mutual Insurance Company

(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. 03-0315838

(FEI number, if applicable)

4. August 23, 2002

(Date of incorporation)

5. perpetual

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

6. April 15, 2003

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

7. 76 St. Paul Street, Suite 500, Burlington, VT 05401

(Principal office address)

76 St. Paul Street, Suite 500, Burlington, VT 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: Janette Wilcox

Office Address: 13901 Sutton Park Dr. S., Bldg.C, Ste 360

Jacksonville


(City)

32224

(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)

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.

FILED  
CLERK OF DISTRICT COURT  
JUN 23 AM 11:27  
14

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

**A. DIRECTORS**

Chairman: Kathleen H. Davis

Address: 76 St. Paul Street, Suite 500  
Burlington, VT 05401

Vice Chairman: Sonny L. Underwood

Address: 76 St. Paul Street, Suite 500  
Burlington, VT 05401

Director: Charles W. Travelstead

Address: 76 St. Paul Street, Suite 500  
Burlington, VT 05401

Director: Patrick W. Kennedy

Address: 76 St. Paul Street, Suite 500  
Burlington, VT 05401

**B. OFFICERS**

President: Brian C. Donovan

Address: 76 St. Paul Street, Suite 500  
Burlington, VT 05401

Vice President: Colin Donovan

Address: 76 St. Paul Street, Suite 500  
Burlington, VT 05401

Secretary: James Jones

Address: 76 St. Paul Street, Suite 500, Burlington, VT 05401

Treasurer: James Murray

Address: 76 St. Paul Street, Suite 500, Burlington, VT 05401

**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. 17.155, F.S.

14. James Murray, Assistant Treasurer

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



State of Vermont  
Department of Financial Regulation  
89 Main Street  
Montpelier, VT 05620-3101  
[www.dfr.vermont.gov](http://www.dfr.vermont.gov)

For consumer assistance  
[All Insurance] 800-964-1784  
[Securities] 877-550-3907  
[Banking] 888-568-4547

**IT IS HEREBY CERTIFIED THAT**

STICO Mutual Insurance Company, Risk Retention Group  
a domestic captive insurance company of Burlington, Vermont is authorized to do  
business in this state and that it is in Good Standing with this Department.

IN WITNESS WHEREOF, I  
have hereunto set my hand,  
and affixed the official seal  
of this Department at the City  
of Montpelier, this 14th day of  
January, 2014.

A handwritten signature in cursive script, reading "David F. Provost", followed by a horizontal line.

DAVID F. PROVOST  
DEPUTY COMMISSIONER  
CAPTIVE INSURANCE

**CERTIFICATE VALID WITH WATERMARK**

Banking  
802-828-3307

Insurance  
802-828-3301

Captive Insurance  
802-828-3304

Securities  
802-828-3420