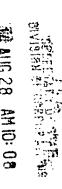
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 14, 2014

KIMBERLY HARPER PROGRAM BROKERAGE CORPORATION 225 METRO CENTER BLVD., STE 200 WARWICK, RI 02886

SUBJECT: NRMC, INC.

Ref. Number: W14000041306

We have received your document for NRMC, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Ony one registered agent per corporation and remove social security numbers from officers or directors information.

Please return the corrected original and one copy of 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) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 414A00017460

COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT:___

NRMC, INC.

Dear Sir or Madam: The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida. Please return all correspondence concerning this matter to the following: KIMBERLY HARPER - ASSISTANT ACCOUNT EXECUTIVE Name of Person		Name of Corporat	ion – must metade sum x	
Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida. Please return all correspondence concerning this matter to the following: KIMBERLY HARPER - ASSISTANT ACCOUNT EXECUTIVE Name of Person PROGRAM BROKERAGE CORPORATION	Dear Sir or Madam:			
RIMBERLY HARPER - ASSISTANT ACCOUNT EXECUTIVE Name of Person	Affairs in Florida", "C	Certificate of Existence", or "C	Certificate of Status" and che	eck are submitted to
PROGRAM BROKERAGE CORPORATION Firm/Company 225 METRO CENTER BLVD., SUITE 200 Address WARWICK, RI 02886 City/State and Zip Code KHARPER@PROGRAMBROKERAGE. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KIM HARPER Name of Person MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: S70.00 Filing Fee S87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status	Please return all corre	spondence concerning this in	atter to the following:	
Firm/Company 225 METRO CENTER BLVD., SUITE 200 Address WARWICK, RI 02886 City/State and Zip Code KHARPER@PROGRAMBROKERAGE. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KIM HARPER at (401)468-3411 Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: S70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status	<u>K</u>	IMBERLY HARPER - ASS Name o	ISTANT ACCOUNT EXECU	TIVE
225 METRO CENTER BLVD., SUITE 200 Address WARWICK, RI 02886 City/State and Zip Code KHARPER@PROGRAMBROKERAGE. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter. please call: KIM HARPER at (401)468-3411 Name of Person MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: S70.00 Filing Fee Certificate of Status SUITE 200 Address STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	PR	OGRAM BROKERAGE CORP	ORATION	
Address WARWICK, RI 02886 City/State and Zip Code KHARPER@PROGRAMBROKERAGE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KIM HARPER Name of Person MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: \$\text{S70.00 Filing Fee}		Firm/C	Company	
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KHARPER@PROGRAMBROKERAGE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KIM HARPER at (401)468-3411 Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: S70.00 Filing Fee \$875.75 Filing Fee & Certificate of Status Certificate of Status Certificate Of Status	WA:	RWICK, RI Ö2886		
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moon in lapparage		"or "CORPORATION" or words or abbreviations of like assess of a natural person or partnership if not so contained corporate suffix by a nonpressit corporation.)	
(If name unava)	lable in Florida, enter alternate corporate name ac	depted for the purpose of transacting business in Florida)	
2. RHODE ISI. (Sinte or count	AND 3. Iry under the law of which it is incorporated)	20-2555R63 (FEI number, Hupplicable)	
4. 11/11/13	ate of Incorporation) 5, _	N/A (Duration: Year corp. will cease to exist ar "perpenual")	
, N/A	ne at titearhouseout	(Emation, 1 cm costs, will const to be before)	
	cted affairs in Florida if prior to registration. See se	ctions 617.1501 & 617.1502, F.S. to determine penalty liability.)	
7. C/O PROGR	AM BROKERAGE CORPORATION, 225 1 (Principal off	METRO CENTER BLVD., SUITE 200, WARWICK, RI	02886
C/O PROGR	AM BROXERAGE CORPORATION, 225 N	ÆTRO CENTER BLVD., SUITE 200, WARWICK, RI	02886
		illing address)	
8 COMMERCIA	L GENERAL LIABILITY AND/OR UNDI	RELLA LIABILITY The corried out in the state of Florida)	
	tet address of Florida registered agent: (P.O.		
Name:	CI CORPORATION SYSTEM		UG 2
Office Address:	1200 SOUTH PINE ISLAND ROAD	_	00
. 2	FLANTATION	Florida 33324	A
	(Cliy)	(Zip Code)	Ö
Having been no	s comply with the provisions of all Mailles i It familiar with and accept the obligations o	ice of process fur the above stated corporation at the place ment as registered agent and agree to act in this capacity. relative to the proper and complete performance of my if my position as registered agent.	ි. වි
N1.1	1.6.14	and Secretary	
· New M		Mitchell 8 / 27 / 14	
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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 addresses of officers and/or directors

A. DIRECTORS

Chairman:	SCOTT BELL
Address:_	1065 AVENUE OF THE AMERICAS
_	NEW YORK, NY 10018
Vice Chair	man: FREDERICA O'CONNOR
Address:	100 SUNNYSIDE BLVD.
	WOODBURY, NY 11797
Director:_	JANE WILLIAMS
Address:_	225 METRO CENTER BLVD., SUITE 200
	WARWICK, RI 02886
Director:_	
Address:_	
B. OFF	And the second s
President:	SCOTT BELL 20
Address:	1065 AVENUE OF THE AMERICAS
	NEW YORK, NY 10018
Vice Presid	dent:
Secretary:_	FREDERICA O'CONNOR
Address:	100 SUNNYSIDE BLVD., WOODBURY, NY 11797
Treasurer:	TOM TRAN
Address:	1065 AVENUE OF THE AMERICAS, NEW YORK, NY 10018
	f necessary, you may artach an addendum to the application listing additional officers and/or directors.
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. <u> </u>	REDERICA O'CONNOR - SECRETARY - 6/23/14
1 -T ,E	(Typed or printed name and capacity of person signing application)

Schedule of Directors & Officers

NRMC, Inc.

Directors:

Scott Bell

Address: 1065 Avenue of the Americas, New York, NY 10018

Phone: 212-338-2944 Social: 160-58-3065

Occupation: Insurance Broker

Frederica L. O'Connor

Address: 100 Sunnyside Blvd., Woodbury, NY 11797

Phone: 516-496-1341 Social: 086-52-7050

Occupation: Insurance Broker

Jane A. Williams

Address: 225 Metro Center Blvd., Suite 200, Warwick, RI 02886

Phone: 401-468-3427 Social: 039-28-6496

Occupation: Insurance Broker

Officers:

Scott Bell - President

Address: 1065 Avenue of the Americas, New York, NY 10018

Phone: 212-338-2944 Social: 160-58-3065

Occupation: Insurance Broker

Frederica L. O'Connor - Treasurer

Address: 100 Sunnyside Blvd., Woodbury, NY 11797

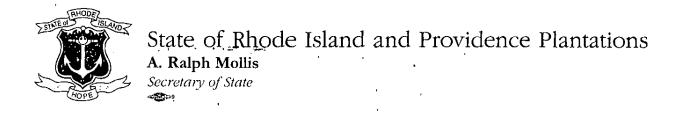
Phone: 516-496-1341 Social: 086-52-7050

Occupation: Insurance Broker

Tom Tran - Treasurer

Address: 1065 Avenue of the Americas, New York, NY 10018

Phone: 212-338-2299 Social: 155-70-5495 Occupation: Accountant



Certification Number: 14050007870

The office of the Secretary of State of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

NRMC Inc. .

a Rhode Island non-profit corporation, filed original articles of incorporation in this office on

November 11, 2013

Effective

November 12, 2013

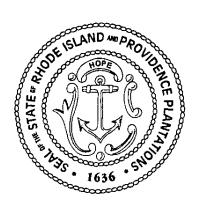
IT IS FURTHER CERTIFIED that as of this date said corporation is duly organized and existing under and by virtue of the laws of the State of Rhode Island and is in good standing according to the records of this office.

SIGNED AND SEALED ON

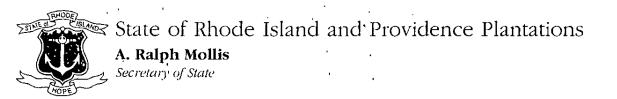
Tuesday, May 06, 2014

A. Joseph Joeen Secretary of State

Authorized Agent



RI SOS Filing Number: 201330469770 Date: 11/11/2013 1:23 PM



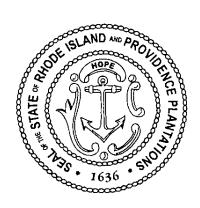
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

November 11, 2013 1:23 PM

A. RALPH MOLLIS

Secretary of State





State of Rhode Island and Providence Plantations DEPARTMENT OF BUSINESS REGULATION 1511 Pontiac Avenue, Bldg. 69-2 Cranston, Rhode Island 02920

Insurance Division

Via Email: kharper@programbrokerage.com

May 1, 2014

Kimberly Harper Program Brokerage Corporation 225 Metro Center Blvd Ste 200 Warwick, RI 02886

Re: NRMC, Inc. - RI Registration

Dear Ms. Harper,

I would like to acknowledge receipt of the registration form submitted on behalf of the above-captioned purchasing group.

Please note that as this Division does not issue licenses or approvals for purchasing groups, this is to inform you that the group has been included on our list of groups that have filed the proper papers in accordance with the Risk Retention Act in order to transact business in the State of Rhode Island.

Please note that it is the responsibility of the group to notify this Division of any future changes in the registration form. In addition, the group must only place Rhode Island business with companies which are properly licensed or approved in this State along with using properly licensed producers.

With regards to rate and policy filings, it is the responsibility of the insuring company to make sure that all rates and policies are properly approved for use in the State of Rhode Island.

If you have any questions, please do not hesitate to contact me by phone at 401-462-9566 or email at Julie.Savoie@dbr.ri.gov.

Regards,

Julie Savoie

Insurance Examiner

Tel: 401-462-9520

Fax: 401-462-9602

TDD: 711

Website: www.dbr.ri.gov