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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

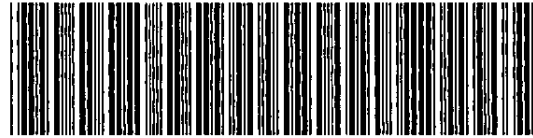
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUN 12 2017

SeniorsFirst Risk Retention Group, Inc.

June 1, 2017

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

Re: SeniorsFirst Risk Retention Group, Inc.
NAIC Company Code: 16088; FEIN: 81-5036932
Filing for Registration

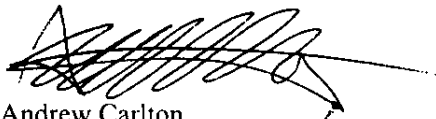
Dear Sir/Madam:

The enclosed Application by the above-referenced corporation is submitted in accordance with the directive of the Florida Office of Insurance Regulation relative to the company's registration filing made with that Office. Accordingly, enclosed please find the following:

1. Transmittal Cover Letter;
2. Application by Foreign Corporation for Authorization to Transact Business in Florida;
3. Original Certificate of Good Standing issued by the State of North Carolina Office of the Secretary of State, the official having custody of the company's Articles of Incorporation in the jurisdiction of the company's incorporation; and,
4. Check in the amount of \$70.00 in payment of the Division's filing fee.

Thank you. Should you have any questions, please do not hesitate to contact me by telephone at (941) 373-1113 or by e-mail at acarlton@pboa.com.

Sincerely,



Andrew Carlton
Risk Services-Vermont, Inc.
As Captive Managers for
SeniorsFirst Risk Retention Group, Inc.

/hr

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SeniorsFirst 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:
Andrew Carlton

	Name of Person
Risk Services	
	Firm/Company
1605 Main Street, Suite 800	
	Address
Sarasota, FL 34236	
	City/State and Zip code
acarlton@pboa.com	
	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Carlton	941	373-1113
	at ()	
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.*

SeniorsFirst Risk Retention Group, Inc.

1. _____
(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. North Carolina 3. 81-5036932
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/30/16 5. _____
(Date of incorporation) (Date of duration, if other than 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. 5630 University Parkway, Winston-Salem, North Carolina, 27105
(Principal office address)
- c/o Risk Services, 1605 Main Street, Suite 800, Sarasota, FL, 34236
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

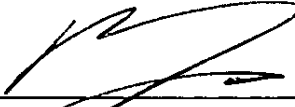
Name: Michael T. Rogers

Office Address: Risk Services, 1605 Main Street, Suite 800
Sarasota, Florida 34236
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. 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)

10. 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.

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

A. DIRECTORS

~~XXXXX~~ Chairman: William Christopher Spurlin

Address: 63 Interlaken Road, Orlando, FL, 32804

~~XXXXXX~~ Vice Chairman: Robb Chapin

Address: 1000 Legion Place, Ste. 1600, Orlando, FL, 32801

Director: William Cooper Glass

Address: 1420 Avenel Drive, Wilmington, NC, 28411

Director: Cliff Bauer

Address: 5200 NE 2nd Avenue, Miami, FL, 33137

DIRECTOR: Jeff Mukamal, 3603 Blue Ridge Road, Raleigh, NC, 27612

B. OFFICERS

President: William Christopher Spurlin

Address: 63 Interlaken Road, Orlando, FL, 32804

~~XXXXXX~~ Assistant Treasurer: B. Troy Winch

Address: 1605 Main Street, Suite 800, Sarasota, FL, 34236

Secretary: William Cooper Glass

Address: 1420 Avenel Drive, Wilmington, NC, 28411

Treasurer: Robb Chapin

Address: 1000 Legion Place, Suite 1600, Orlando, FL, 32801

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. B. Troy Winch, Assistant Treasurer

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE (CAPTIVE INSURANCE)

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify that

SENIORS FIRST RISK RETENTION GROUP, INC.

is a corporation duly incorporated under the Liability Risk Retention Act of 1986, 15 U.S.C. § 3901 *et. seq.*, and the North Carolina Captive Insurance Act, respectively of the State of North Carolina, having been incorporated on the 30th day of November, 2016, with its period of duration being perpetual.

I **FURTHER** certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 30th day of May, 2017.

Elaine F. Marshall

Secretary of State