

F18000003423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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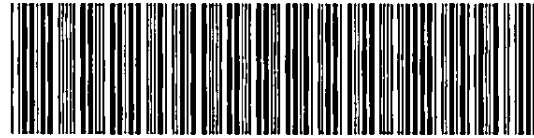
(Business Entity Name)

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TALLAHASSEE FLORIDA

n BRUCE
JUL 26 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: National Guardian 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:
Deborah Gambone

Name of Person
Aon Insurance Managers (USA), Inc.

Firm/Company
146 Fairchild Street, Suite 135

Address
Charleston, SC 29492

City/State and Zip code
gergana.penecheva@aon.com

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

For further information concerning this matter, please call:

Deborah Gambone 802 264-4584

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:

- ☐ \$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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**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. National Guardian Risk Retention Group, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Hawaii 3. 38-2848487
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 21, 1988 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. No business has been transacted in Florida.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 737 Bishop Street, Suite 2100, Honolulu, Hawaii 96813
(Principal office address)
c/o Aon Insurance Managers, 146 Fairchild Street, Suite 135, Charleston, SC 29492
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Janette Wilcox
- Office Address: 13901 Sutton Park Dr. S., Building C, Suite 360
Jacksonville, Florida 32224
(City) (Zip code)

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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 *

Chairman: Angela Rena Cottam
Address: 200 Corporate Boulevard
Lafayette, LA 70508

Vice Chairman: Brandon Kyle Stelly
Address: 200 Corporate Boulevard
Lafayette, LA 70508

Director: Mark A. Burnheimer, Esq.
Address: 200 Corporate Boulevard
Lafayette, LA 70508

Director: Derik K. King, M.D.
Address: 200 Corporate Boulevard
Lafayette, LA 70508

*Please see attached addendum for additional Directors.

B. OFFICERS *

President: Angela Rena Cottam
Address: 200 Corporate Blvd.
Lafayette, LA 70508

Vice President: Brandon Kyle Stelly
Address: 200 Corporate Blvd.
Lafayette, LA 70508

Secretary: Mark A. Burnheimer, Esq.
Address: 200 Corporate Blvd., Lafayette, LA 70508

Treasurer: Amy Frederick
Address: 200 Corporate Blvd., Lafayette, LA 70508

*Please see attached addendum for additional Officers.

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

12. Angela R. Cottam

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. Angela Rena Cottam, President

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

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National Guardian Risk Retention Group

Officers and Directors List

Officers

Angela Rena Cottam President
200 Corporate Blvd.
Lafayette, LA 70508
337.609.1188
rena_cottam@schumacherclinical.com

Brandon Kyle Stelly Vice President
200 Corporate Blvd
Lafayette, LA 70508
337.593.5500
brandon_stelly@schumacherclinical.com

Mark A. Burnheimer, Esq. Secretary
200 Corporate Blvd.
Lafayette, LA 70508
800.893.9698
Mark_Burnheimer@Schumacherclinical.com

Michael Coulter Assistant Secretary
146 Fairchild Street, Suite 135
Charleston, SC 29492
843.614.3135
mike.coulter@aon.com

Amy Frederick Treasurer
200 Corporate Blvd
Lafayette, LA 70508
337.609.1193
amy_frederick@schumacherclinical.com

Directors

Brandon Kyle Stelly
200 Corporate Blvd., Lafayette, LA 70508
337.593.5500

Angela Rena Cottam
200 Corporate Blvd., Lafayette, LA 70508
337.609.1188

Mark A. Burnheimer, Esq.
200 Corporate Blvd., Lafayette, LA 70508
800.893.9698

Dorik K. King, M.D.
200 Corporate Blvd., Lafayette, LA 70508
800.893.9698

Randal Lee Pilgrim, M.D.
200 Corporate Blvd., Lafayette, LA 70508
800.893.9698

Amy Frederick
200 Corporate Blvd., Lafayette, LA 70508
337.609.1193

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DAVID Y. IGE
GOVERNOR

DOUGLAS S. CHIN
LIEUTENANT GOVERNOR



CATHERINE P. AWAKUNI COLÓN
DIRECTOR

GORDON I. ITO
INSURANCE COMMISSIONER

STATE OF HAWAII
INSURANCE DIVISION
DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS
P. O. BOX 3614
HONOLULU, HAWAII 96811-3614
335 MERCHANT STREET, ROOM 213
HONOLULU, HAWAII 96813
PHONE NO. (808) 586 2790
FAX NO. (808) 586 2906
www.hawaii.gov/dcca/traffics.htm

CERTIFICATE OF COMPLIANCE

CT-086

GORDON I. ITO, Insurance Commissioner of the State of Hawaii, does hereby certify that National Guardian Risk Retention Group, Inc., an insurer organized under the laws of the State of Hawaii, and having met the requirements of the Hawaii Insurance Law, is duly licensed to transact the business of a captive insurance company. The Company is in good standing and that its Certificate of Authority No. 0077 is valid until terminated at the request of the company or suspended or revoked by the Insurance Commissioner.

IN WITNESS WHEREOF, I have
hereunto set my hand and affixed my
official seal of my office, this
26th day of June, 2018.

By

A handwritten signature of Gordon I. Ito, consisting of stylized loops and a final flourish.

GORDON I. ITO
INSURANCE COMMISSIONER