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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

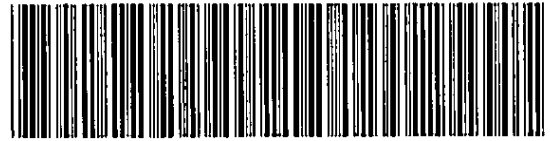
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 SEP 12 PM 4:34

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SEP 16 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 7, 2019

DUSTIN PARTLOW  
4 ENDEAVORS LANE  
SWANTON, VT 05488

SUBJECT: MIDWEST INSURANCE GROUP, INC., A RISK RETENTION  
GROUP  
Ref. Number: W19000072113

We have received your document for MIDWEST INSURANCE GROUP, INC., A RISK RETENTION GROUP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Brooke N Kinsey  
Regulatory Specialist II

Letter Number: 919A00016166

2019 SEP 12 AM 10:47

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Midwest Insurance Group, Inc., A risk retention group  
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:

Dustin Partlow

Name of Person

Caitlin Morgan Captive Management, LLC

Firm/Company

4 Endeavors Lane

Address

Swanton, VT 05488

City/State and Zip code

dpartlow@cmcaptives.com

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

For further information concerning this matter, please call:

Dustin Partlow

317 564-3294  
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:

- ☒ \$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

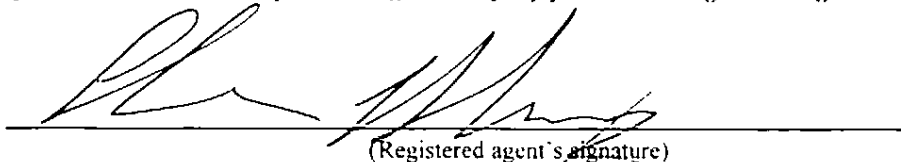
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*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. Midwest Insurance Group, Inc., A risk retention group  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- N/A  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Vermont 3. 20-1314302  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 4, 2004 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. August 9, 2019  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 5875 Castle Creek Parkway N. Drive, Suite 215, Indianapolis, IN 46250  
(Principal office address)
- \_\_\_\_\_  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Chief Financial Officer of State of Florida
- Office Address: 200 East Gaines Street
- Tallahassee, Florida 32399-0301  
(City) (Zip code)

**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.

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

**A. DIRECTORS**

Chairman: Christopher Murray

Address: 5875 Castle Creek Parkway N. Drive, Suite 215, Indianapolis, IN 46250

Vice Chairman: Stanley Murray

Address: 5875 Castle Creek Parkway N. Drive, Suite 215, Indianapolis, IN 46250

Director: Guy Ragosta

Address: 148 College Street, Suite 104, Burlington VT 05401

Director: William Seck

Address: 1800 North Wabash Avenue, Marion Indiana

**B. OFFICERS**

President: Christopher Murray

Address: 5875 Castle Creek Parkway N. Drive, Suite 215, Indianapolis, IN 46250

Vice President: Stanley W. Murray

Address: 5875 Castle Creek Parkway N. Drive, Suite 215, Indianapolis, IN 46250

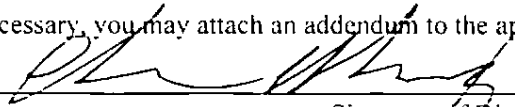
Secretary: Jesse Crary

Address: 30 Main Street, Suite 500, Burlington VT 05402

Treasurer: Dane Wheeler

Address: 1100 Mercer Avenue, Decatur, IN 46733

**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. Christopher Murray, President

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

State of Florida Secretary of State

Addendum: List of Additional Directors

8. Listing of additional Directors of Risk Retention Group:

Name	Position	Address	
Dane Wheeler	Director	1100 Mercer Avenue Decatur, IN 46733	
Mark Ide	Director	5430 W. Hwy 40; Greenfield, IN 46140	

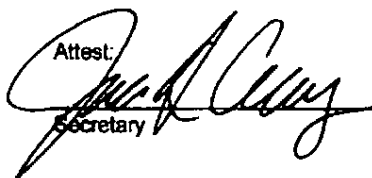
STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
OFFICE OF INSURANCE REGULATION  
APPOINTMENT OF ATTORNEY TO ACCEPT SERVICE

The, Midwest Insurance Group, Inc., a Risk Retention Group a Risk Retention Group (called the Group) duly organized under the laws of the State of Vermont, appoints the Chief Financial Officer of the State of Florida, and his or her successors in office, to be its lawful attorney upon whom all legal process in any action or proceeding against it shall be served and further agrees that any lawful process against it which is served upon this attorney shall have the same legal validity as if served personally upon the Group.

The Group gives the Chief Financial Officer and his or her successors, full authority to do every act necessary to be done under this appointment as fully as the Group could do if personally present, and ratifies all that lawfully do under the power granted by this appointment. This authority may be withdrawn only upon a written notice of revocation and in any case shall continue in effect so long as any liability arising out of this appointment remains outstanding in the State. This instrument is executed pursuant to and shall be construed to constitute full compliance with Section 3(a)(1)(d) of the Liability Risk Retention Act of 1986.

The Group designates ( Dustin Partlow, CPA ) whose  
(an individual)  
mailing address is ( 4 Endeavors Lane, Swanton VT 05488 ),  
street address is ( 4 Endeavors Lane, Swanton VT 05488 ),  
e-mail address is ( dpartlow@cmcaptives.com ),  
phone number is ( 317-564-3294 ), and fax number is ( 317-575-4454 )  
as the person to whom process against the Group served upon the Chief Financial Officer shall be forwarded.

IN WITNESS OF THIS APPOINTMENT, said Group, in pursuant to a resolution duly adopted by it's Board of Directors, has caused this instrument to be executed in this manner by its President and Secretary, and its corporate seal to be affixed at the City of Burlington, State of Vermont.  
This 30 day of May, 20 19.

Attest:  
  
Secretary

(Corporate Seal)

Midwest Insurance Group, Inc. a Risk Retention Group  
(Name of Risk Retention Group)

By

  
President



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

Midwest Insurance Group, Inc., A Risk Retention Group  
a domestic captive insurance company of Swanton, Vermont is authorized to do  
business in this state and, is reputable, that it is in Good Standing with this Department and  
their certificate of authority has never been suspended or revoked.

IN WITNESS WHEREOF, I

have hereunto set my hand,

and affixed the official seal

of this Department at the City

of Montpelier, this 26th day of

August, 2019.

A handwritten signature in cursive script, reading "David F. Provost".

DAVID F. PROVOST  
DEPUTY COMMISSIONER  
CAPTIVE INSURANCE

CERTIFICATE VALID WITH WATERMARK