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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

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(Business Entity Name)

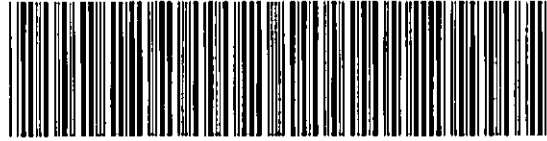
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**FLORIDA DEPARTMENT OF STATE  
Division of Corporations**

January 31, 2020

**ALBERT CELA  
1605 MAIN STREET, SUITE 800  
SARASOTA, FL 34236 US**

**SUBJECT: FUTURE CARE RISK RETENTION GROUP, INC.  
Ref. Number: W20000010239**

2020 FEB 26 PM 3:18

We have received your document for FUTURE CARE RISK RETENTION GROUP, 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):

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

The registered agent must sign accepting the designation.

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) 245-6052.

**Tacarri K Glass  
Regulatory Specialist II**

**Letter Number: 420A00002334**

2020 FEB 26 PM 12:38

# Future Care Risk Retention Group, Inc.

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February 19, 2020

Division of Corporations  
Florida Department of State  
P. O. Box 6327  
Tallahassee, FL 32314

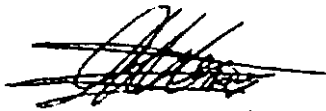
**RE: Future Care Risk Retention Group, Inc.**  
**NAIC Company Code: 16661; FEIN: 84-3086568**  
**Filing for Registration – Division of Corporations**

Dear Sir/Madam:

Responding to the attached January 31, 2020 correspondence of the Division in the matter of the requested registration of the above-named Vermont domestic corporation, please be advised that this submission was specifically made at the request of the Office of Insurance Regulation of the Florida Department of Financial Services in connection with registration of the corporation as an insuring entity with that Office. Specifically, Section 627.944, Florida Statutes, requires a risk retention group to designate the Chief Financial Officer of the Office of Insurance Regulation as agent for service of process. To our understanding the registered agent designation section of our submission is completed correctly and consistent with the requirements of that Office. Accordingly, we respectfully request that the registration be processed as previously submitted and our original submission is enclosed.

Thank you. Should you have any further questions, please don't hesitate to contact me by email at [acela@pboa.com](mailto:acela@pboa.com) or by telephone at (941) 373-1139.

Sincerely,



Albert Cela  
Account Manager  
**Risk Services-Vermont, Inc.**  
As Captive Managers of  
**Future Care Risk Retention Group, Inc.**

AC/hr

Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Future Care Risk Retention Group, Inc.  
Name of Corporation – must include suffix

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:

Albert Cela

Name of Person

Risk Services

Firm/Company

1605 Main Street, Suite 800

Address

Sarasota, FL 34236

City/State and Zip Code

acela@pboa.com

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

For further information concerning this matter, please call:

Albert Cela at ( 800 ) 226-0793  
Name of Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$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

26 Nov 2008 12:38

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:*

1. Future Care Risk Retention Group, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Vermont 3. 84-3086568  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/26/2019 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 58 East View Lane, Suite 2, Barre, VT, 05641  
(Principal office street address)

\_\_\_\_\_  
(Current mailing address, if different)

8. \_\_\_\_\_  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Chief Financial Officer

Office Address: Office of Insurance Regulation, 200 East Gaines Street  
Tallahassee, Florida 32399  
(City) (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.*

Chief Financial Officer

(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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☐ Chairman Name: Greg Cook  
☐ Vice Chairman Address: 58 East View Lane, Suite 2  
☒ Director Barre, VT 05641  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: B. Troy Winch  
☐ Vice Chairman Address: 1605 Main Street, Ste. 800  
☐ Director Sarasota, FL 34236  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

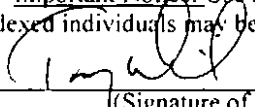
☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Renee Lague  
☐ Vice Chairman Address: 58 East View Lane, Suite 2  
☒ Director Barre, VT 05641  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: David John Prisco  
☐ Vice Chairman Address: 285 Cozzins Street  
☒ Director Powell, OH 43065  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. B. Troy Winch  
(Typed or printed name and capacity of person signing application)

STATE OF VERMONT  
OFFICE OF SECRETARY OF STATE

Certificate of Existence

I, James C. Condos, Vermont Secretary of State, do hereby certify that according to the records of this office

FUTURE CARE RISK RETENTION GROUP, INC.

a Domestic Profit Corporation formed under the laws of the State of VERMONT, was filed for record in this office on Apr 26, 2019.

I further certify that the company has perpetual duration; that its most recent annual report is on file, and that as of this date, articles of dissolution / withdrawal have not been filed.

January 14, 2020

Given under my hand and seal of office, at Montpelier, the State Capital.



*James C. Condos*  
James C. Condos  
Vermont Secretary of State

Business ID: 0356677  
Certificate Number: 2013661766001