

F22000005805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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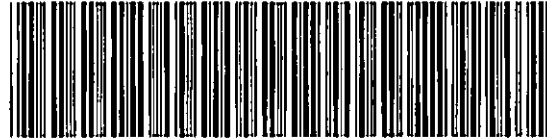
(Business Entity Name)

(Document Number)

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SEP 15 2022 10:00 AM

2022 SEP 12 PM 7:15

S. FRANKLIN
SEP 15 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BUS 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:

Michael Coulter

Name of Person

BUS Risk retention Group, Inc.

Firm/Company

146 Fairchild Street, Suite 135

Address

Charleston, SC 29492

City/State and Zip code

mike.coulter@aon.com

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

For further information concerning this matter, please call:

Michael Coulter

at (843) 614-3135

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

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

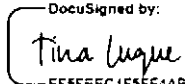
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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. BUS Risk Retention Group, Inc.
(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. South Carolina 3. 88-1232407
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 15th, 2022 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. Not applicable, filing in anticipation of Florida business effective 10/1/2022
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 146 Fairchild Street, Suite 135, Charleston, SC 29492
(Principal office street address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
 Name: Tina Luque
 Office Address: 1001 Brickell Bay Dr, Suite 1000
Miami, Florida 33131-4915
 (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.

Tina Luque  September 8, 2022
 (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. 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: Tricia Martinez
☐ Vice Chairman Address: 350 North Saint Paul Street
☒ Director Dallas, TX 75201
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Ron McCauley
☐ Vice Chairman Address: 350 North Saint Paul Street
☒ Director Dallas, TX 75201
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Michael J. Coulter
☐ Vice Chairman Address: 146 Fairchild Street, Suite 135
☒ Director Charleston, SC 29492
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: James Dickson
☐ Vice Chairman Address: 350 North Saint Paul Street
☒ Director Dallas, TX 75201
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Darwin Johnson
☐ Vice Chairman Address: 350 North Saint Paul Street
☐ Director Dallas, TX 75201
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

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.

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. James Dickson, Secretary
 (Typed or printed name and capacity of person signing application)



South Carolina Department of Insurance

Certificate of Compliance/Good Standing

SBS Company Number: 518125277 **NAIC Company Code:**

I, Michael Wise, Director of Insurance for the State of South Carolina, do hereby certify that:

BUS Risk Retention Group, Inc.

of Charleston, South Carolina is duly organized under the Laws of the State of South Carolina and has been duly authorized in the State of South Carolina since 06/24/2022 and is currently licensed to transact and issue policies.

In Witness Whereof, the Director of Insurance of the State of South Carolina has caused this certificate to be signed and the seal of said Director to be affixed hereto at the city of Columbia, this August 17, 2022.

Michael Wise

Director of Insurance



South Carolina Department of Insurance

Certificate of Authority

BUS Risk Retention Group, Inc.

SBS Company Number: 518125277

State Of Domicile: South Carolina

NAIC Company Code:

Approval Date: 06/24/2022

The Director of Insurance of this State hereby certifies that BUS Risk Retention Group, Inc. has complied with the requirements of the insurance laws of this State, and is hereby authorized subject to the provisions thereof and of the charter powers of said company, to operate as a Captive Domestic Risk Retention Group.

This Certificate shall remain in effect for an indefinite term unless said authority is amended or revoked in accordance with law or surrendered upon voluntary withdrawal from this State.

In testimony whereof, I hereto subscribe my name and affix the seal of my office at Columbia, South Carolina this 24th day of June, 2022.

Michael Wise

Director of Insurance

6/24/2022 PM 7:15