

F23000002329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

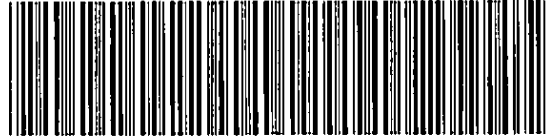
(Business Entity Name)

(Document Number)

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MAR 13 2023
FBI - JLD

APR 22 2023

K. Brumby

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ascalon 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:

Jennifer Meranda

Name of Person

Ascalon Risk Retention Group, Inc. c/o Strategic Risk Solutions

Firm/Company

522 Brandies Circle, Suite B4

Address

Murfreesboro, TN 37128

City/State and Zip code

jennifer.meranda@strategicrisks.com

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

For further information concerning this matter, please call:

Jennifer Meranda

at (615) 610-7010

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. Ascalon 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. Alabama 3. 88-4115337
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 7, 2022 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. 445 Dexter Ave, Ste 9075, Montgomery, AL 36104
(Principal office street address)
522 Brandies Circle, Suite B4, Murfreesboro, TN 37128
(Current mailing address, if different)

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

Name: Jimmy Patronis, Florida Chief Financial Officer
Office Address: Office of the CFO - 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.

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

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APPROVED

A. DIRECTORS

☒ Chairman Name: Chase Welsh
☐ Vice Chairman Address: 951 Thorndale Ave
☐ Director Bensenville, IL 60106
☒ President _____
☐ Vice President: _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Chad Aden
☐ Vice Chairman Address: 951 Thorndale Ave
☐ Director Bensenville, IL 60106
☐ President _____
☐ Vice President: _____
☒ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Jennifer Meranda
☐ Vice Chairman Address: 522 Brandies Circle
☐ Director Suite B4
☐ President Murfreesboro, TN 37128
☐ Vice President _____
☐ Secretary _____ ☒ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: William Milton Smith
☐ Vice Chairman Address: 221 7th Ave.
☒ Director South Birmingham, AL 35233
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ 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. Jennifer Meranda
 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. Jennifer Meranda, Treasurer
 (Typed or printed name and capacity of person signing application)



STATE OF ALABAMA
DEPARTMENT OF INSURANCE

CERTIFICATE OF COMPLIANCE

I, the undersigned, Commissioner of Insurance for the State of Alabama, by authority vested in me by law do hereby authorize **ASCALON RISK RETENTION GROUP INC.** to act with the powers indicated hereon.

Company Number: 17381

ASCALON RISK RETENTION GROUP INC.
Michael O'Malley
Strategic Risk Solutions
2352 Main Street Suite 301
Concord, MA 01742

ASCALON RISK RETENTION GROUP INC. is duly authorized under the laws of this state and said company has complied with the requirements of the insurance laws of this state and it is authorized to issue policies and transact the business of insurance as described as:

40: Captive Risk Retention Group

In witness whereof, I have hereunto set my hand and affixed the Official Seal of this Department at the City of Montgomery, Alabama on February 23, 2023.

A handwritten signature in black ink, appearing to read "Mark Fowler".

Mark Fowler
Commissioner of Insurance