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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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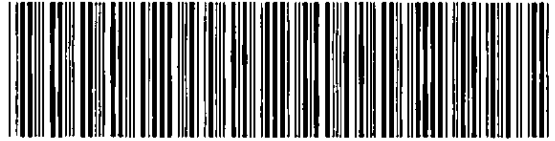
(Business Entity Name)

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TALLAHASSEE, FL

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bold 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:

Andrew Carlton

\_\_\_\_\_  
Name of Person

Risk Services, LLC

\_\_\_\_\_  
Firm/Company

1605 Main Street, Suite 800

\_\_\_\_\_  
Address

Sarasota, FL, 34236

\_\_\_\_\_  
City/State and Zip code

RSCaptiveBoldRRG@pboa.com

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

For further information concerning this matter, please call:

Andrew Carlton

at ( 941 ) 373-1113

\_\_\_\_\_  
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. Bold 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. 99-3568305  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/17/2024 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. 6317 Union Academy Ada Rd., Hope Hull, AL 36043  
(Principal office street address)

1605 Main Street, Suite 800, Sarasota, FL 34236  
(Current mailing address, if different)

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

Name: Florida Chief Financial Officer  
Office Address: FLOIR, 200 East Gaines Street  
Tallahassee, Florida 32399  
(City) (Zip code)

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TALLAHASSEE, FL

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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.*

Florida Chief Financial Officer

(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: Jon Arenstein, M.D.  
☐ Vice Chairman Address: 950 Peninsula Corp Circle  
☒ Director Boca Raton, FL 33487  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: David Soria, M.D.  
☐ Vice Chairman Address: 61 Little Harbor Way  
☒ Director Deerfield Beach, FL 33441  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

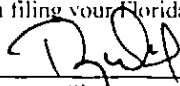
☐ Chairman Name: Douglas B. Hughes  
☐ Vice Chairman Address: 949 Mountain Branch Dr.  
☒ Director Vestavia Hills, AL 35226  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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

☐ Chairman Name: Steven Lubell  
☐ Vice Chairman Address: 200 South Andrews Ave.  
☐ Director Suite 900  
☐ President Fort Lauderdale, FL 33301  
☐ 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. B. Troy Winch, Treasurer  
(Typed or printed name and capacity of person signing application)

Wes Allen  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, Wes Allen, Secretary of State of Alabama, having custody of the  
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Bold Risk Retention Group,  
Inc. was formed in Alabama on June 17, 2024. The Alabama Entity Identification  
number for this entity is 001-141-074. I further certify that the records do not  
disclose that said entity has been dissolved, cancelled or terminated.



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**In Testimony Whereof, I have hereunto set my  
hand and affixed the Great Seal of the State, at the  
Capitol, in the city of Montgomery, on this day.**

10/02/2024

Date

A handwritten signature in black ink, appearing to read "Wes Allen", is written over a horizontal line.

Wes Allen

Secretary of State



October 17, 2024

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

**Re: Bold Risk Retention Group, Inc.**  
**NAIC Company Code: 17677; FEIN: 99-3568305**  
**Filing for Registration**

Dear Sir/Madam:

The enclosed Application by the above-referenced corporation is submitted in accordance with the directive of the Florida Office of Insurance Regulation relative to the company's registration with that Office. Accordingly, the Chief Financial Officer of the State of Florida is appointed as the Corporation's Florida resident registered agent. Enclosed please find the following:

1. Transmittal letter;
2. Application by Foreign Corporation for Authorization to Transact Business in Florida;
3. Certificate of Existence issued by the State of Alabama Office of the Secretary of State, the official having custody of the company's Articles of Incorporation in the jurisdiction of the company's incorporation; and,
4. Check for \$70.00 in payment of the Division's filing fee.

Kindly return confirmation of the registration of the corporation with your office to:

Alexander Boettcher  
Risk Services, LLC  
1605 Main Street, Suite 800  
Sarasota, FL 34236

Thank you. Should you have any further questions, please don't hesitate to contact me by telephone directly at 941-373-1141 or by email at [mschrempf@pboa.com](mailto:mschrempf@pboa.com).

Sincerely,

A handwritten signature in cursive script that reads "Michele Schrempf".

Michele Schrempf  
Senior Compliance Specialist, Regulatory Compliance  
Risk Services, LLC  
As Managers for  
Bold Risk Retention Group, Inc.

MS/hr

Enclosures