

W21000012924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

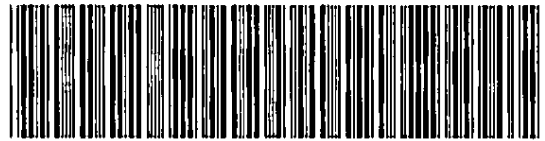
(Document Number)

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10/2/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LTC Insurance Comapny Risk Retention Group, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jennifer Hawkins

Name of Person

Davies Captive Management

Firm/Company

135 Allen Brook Lane, Suite 101

Address

Williston, VT 05495

City/State and Zip Code

jennifer.hawkins@davies-group.com

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

For further information concerning this matter, please call:

Jennifer Hawkins

802

371-2210

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

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

Enclosed is a check for the following amount:

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

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LTC Insurance Company Risk Retention Group, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Vermont 3. 86-1907025
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 135 Allen Brook Lane, Suite 101 6. 135 Allen Brook Lane, Suite 101
(Street Address of Principal Office) (Mailing Address)
Williston, VT 05495 Williston, VT 05495

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

By: C T Corporaion System

(Registered agent's signature)

Christine Kalm
Assistant Secretary

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: M. Nathan Feiner

☐ Member Address: 243 Juniper Circle East

☐ Authorized Lawrence, NY 11559

Person _____

☒ Other President ☐ Other _____

☒ Manager Name: Jeffrey S. Kenneson

☐ Member Address: 961 Dorset Street

☐ Authorized South Burlington, VT 05403

Person _____

☒ Other Secretary ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Samuel Sherman

☐ Member Address: 1263 East 26th Street

☐ Authorized Brooklyn, NY 11210

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Michael Schwimmer

☐ Member Address: 12 Knight Drive

☐ Authorized Jackson, NY 08527

Person _____

☒ Other Treasurer ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

DocuSigned by:
Jeff Kenneson

BA4272911A0CA60

Signature of an authorized person

Jeffrey S. Kenneson, Manager & Secretary

Typed or printed name of signee

STATE OF VERMONT
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

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

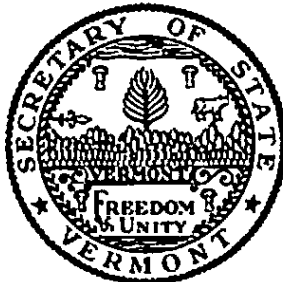
LTC INSURANCE COMPANY RISK RETENTION GROUP, LLC

a Domestic Restricted Limited Liability Company, formed under the laws of the State of VERMONT, was filed for record in this office on Jan 19, 2021.

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.

September 08, 2021

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: 0382905
Certificate Number: 2013871671001

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FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2021

JENNIFER HAWKINS
135 ALLEN BROOK LANE STE 101
WILLISTON, VT 05495 US

SUBJECT: LTC BUSINESS COMPANY RISK RETENTION GROUP, LLC
Ref. Number: W21000116048

We have received your document for LTC BUSINESS COMPANY RISK RETENTION GROUP, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 621A00020213

RECEIVED
SEP 13 2021