

FILE 000002821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

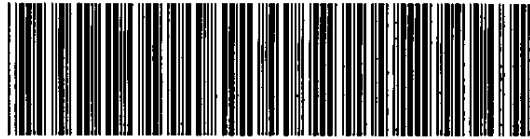
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100286035781

06/01/16--01026--019 **78.75

06/22/16--01027--002 **1296.25

16 JUN 22 AM 7:19
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

774(1296.25)
642



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2016

LEE MILIZIA
2555 E CAMELBACK RD SUITE 700
PHOENIX, AZ 85016

SUBJECT: APPLIED MEDICO-LEGAL SOLUTION RISK RETENTION GROUP,
INC.

Ref. Number: W16000040934

We have received your document for APPLIED MEDICO-LEGAL SOLUTION RISK RETENTION GROUP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1296.25.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 116A00011816

Applied Medico-legal Solutions, RRG., Inc.

2555 E. Camelback Rd., Suite 700

Phoenix, AZ 85016

602-427-3208

Florida Department of State
Division of Corporations/New Filing Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

May 31, 2016

VIA FEDERAL EXPRESS

Re: Registration of Foreign Risk Retention Group

To Whom It May Concern:

Please find enclosed an "Application by Foreign Corporation for Authorization to Transact Business in Florida", submitted on behalf of Applied Medico-legal Solutions Risk Retention Group, Inc. As part of this Application, please find a check attached for \$78.75, as well as a Certificate of Compliance and a certified copy of the Certificate of Authority issued by the State of Arizona Department of Insurance.

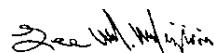
Regrettably, the Applicant, which is properly registered with the Florida Office of Insurance Regulation ("FLOIR"), was unaware at the time of its FLOIR registration 2003 that it was required to contemporaneously register with the Florida Department of State, Division of Corporations. Consequently and with no notice to the contrary, the Applicant entity has unknowingly transacted business in the State of Florida without being registered with the Division of Corporations. The Applicant has recently learned of this oversight, and asks for your understanding and most favorable consideration when reviewing the present Application and in any determination of an assessment that may result from a failure to file the Florida Annual Report.

The check enclosed with our Application reflects the amount that covers the Filing Fee and the Certificate of Status, totaling \$78.75 for these items. Please retain this check, and advise us on any additional monies that may be required as a consequence of our unintentional nonperformance in registering and filing an Annual Report.

In closing, please note that our Applicant is domiciled in Arizona and that its Certificate of Compliance (submitted with this Application) is issued by the Arizona Department of Insurance and not by State of Arizona Corporation Commission. Under Arizona law, domestic Risk Retention Groups and all other insurance Captives are exclusively regulated and managed by the Arizona Department of Insurance and it is this agency that issues any and all Certificates for insurers.

If you have additional questions or concerns, please do not hesitate to contact me at 602-427-3208, or by email at lee.milizia@aon.com.

Sincerely,



Lee M. Milizia
Account Executive

Aon Insurance Managers (USA) Inc.

As Managers of Applied Medico-legal Solutions, Risk Retention Group, Inc.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Applied Medico-legal Solutions 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:

Lee M. Milizia

Name of Person

Aon Insurance Managers

Firm/Company

2555 E. Camelback Rd., Suite 700

Address

Phoenix, AZ 85016

City/State and Zip code

lee.milizia@aon.com

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

For further information concerning this matter, please call:

Lee M. Milizia

Name of Person

at (602) 427-3208

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$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. **Applied Medico-legal Solution 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. **Arizona**

(State or country under the law of which it is incorporated)

3. **81-0603029**

(FEI number, if applicable)

4. **February 24, 2003**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **April 14, 2003**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **2555 E. Camelback Rd. Suite 700, Phoenix, AZ 85016**

(Principal office address)

2555 E. Camelback Rd. Suite 700, Phoenix, AZ 85016

(Current mailing address)

8. **Sell Medical Profession Liability Insurance**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: **Janette Wilcox**

Office Address: **13901 Sutton Park Dr. S., Bldg. C, Suite 360**

Jacksonville

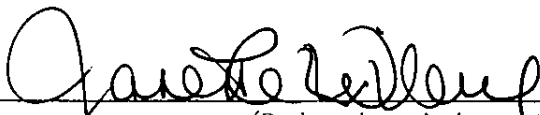
(City)

32224

(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.


(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.

15 JUN 22 AM 7:1
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: N/A

Address: N/A

Vice Chairman: N/A

Address: N/A

Director: Richard B. Welch

Address: 2555 E. Camelback Rd., Suite 700, Phoenix, AZ 85016

Director: Steven M. Shapiro, MD.

Address: 2555 E. Camelback Rd., Suite 700, Phoenix, AZ 85016

B. OFFICERS

President: Richard B. Welch

Address: 2555 E. Camelback Rd., Suite 700, Phoenix, AZ 85016

Vice President: N/A

Address: N/A

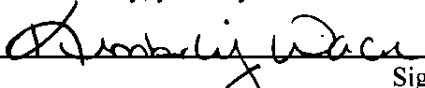
Secretary: Steven M. Shapiro, MD

Address: 2555 E. Camelback Rd., Suite 700, Phoenix, AZ 85016

Treasurer: Peter A. Joy

Address: 2555 E. Camelback Rd., Suite 700, Phoenix, AZ 85016

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. Kimberly Wack, Assistant Treasurer

(Typed or printed name and capacity of person signing application)

16 JUL 22 AM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12

A. Directors

Director: Gregory E. McGowan
2555 E. Camelback Rd., Suite 700
Phoenix, AZ 85016

Director: Clay Heighten, MD
2555 E. Camelback Rd., Suite 700
Phoenix, AZ 85016

Director: Stephanie Lefkowski
2555 E. Camelback Rd., Suite 700
Phoenix, AZ 85016

12

B. Officers

Officer: Kimberly Wack, Assistant Treasurer
2555 E. Camelback Rd., Suite 700
Phoenix, AZ 85016

SECRET
16 JUN 22 AM 7:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

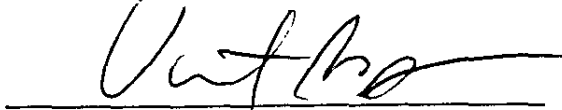
STATE
OF
ARIZONA

DEPARTMENT OF INSURANCE

*THIS IS TO CERTIFY, THAT THIS
INSTRUMENT IS A FULL, TRUE AND
CORRECT COPY OF THE ORIGINAL ON
FILE WITH THE DEPARTMENT OF
INSURANCE OF THE STATE OF ARIZONA
AND CONSISTS OF 1 PAGE(S).*

HEREUNTO SET MY HAND AND THE OFFICIAL SEAL OF THIS DEPARTMENT

FOR THE DIRECTOR OF INSURANCE THIS 25 DAY OF May, 2016



AUTHORIZED REPRESENTATIVE

CERTIFICATE No.: 002460

STATE OF ARIZONA



DEPARTMENT OF INSURANCE

CERTIFICATE OF AUTHORITY

I, CHARLES R. COHEN, Director of Insurance of the State of Arizona, do hereby certify that

APPLIED MEDICO-LEGAL SOLUTIONS RISK RETENTION GROUP, INC.

Domiciled in Arizona

NAIC NO. 11598

has complied with the requirements of the Arizona Revised Statutes, Title 20, and is hereby authorized, subject to the provisions thereof and the Charter Powers of said Company, to transact the following kinds of insurance business:

CASUALTY WITHOUT WORKERS' COMPENSATION

within the State of Arizona unless surrendered, suspended or revoked by the Director of Insurance.

In TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Director of Insurance at the City of Phoenix. The effective date of this Certificate is April 30, 2003.

A handwritten signature in cursive script, reading "Charles R. Cohen", is written over a horizontal line.

Charles R. Cohen
Director of Insurance

E146 (07/02)



Applicant Name: APPLIED MEDICO-LEGAL SOLUTIONS RRG, INC.

NAIC No.: 11598

FEIN: 81-0603029

Certificate of Compliance For Captive Insurance Companies

State of ARIZONA Office of DIRECTOR OF INSURANCE
(Domiciliary State of Applicant) (Commissioner, Superintendent, Officer)

I, KURT REGNER, hereby certify that I am the*
(Name)

ASSISTANT DIRECTOR FINANCIAL AFFAIRS DIVISION of the State of ARIZONA
(Position)

and have supervision of insurance business in said State and as such I hereby certify that

APPLIED MEDICO-LEGAL SOLUTIONS RRG, INC.
(Name of Insurer)

of PHOENIX, ARIZONA is duly organized as a captive insurer pursuant to
(City/State)

ARS §20-1098 et seq. and is authorized to transact the business of

CASUALTY WITHOUT WORKERS' COMPENSATION
(Line of Insurance)**

insurance in this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand at PHOENIX
(Location)

on this 31st day of MAY, A.D. 2016.
(Month)

Kurt Regner
(Signature)

Kurt Regner
(Printed Name)

* Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.

** Lines of Insurance as indicated in The Department's record.

295497

