F14000002951

(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:			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Red	uestor's Name)	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Add	lress)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Add	lress)	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City	/State/Zip/Phone	: #)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status			
(Document Number) Certified Copies Certificates of Status	PICK-UP	MAIT	MAIL
(Document Number) Certified Copies Certificates of Status			
(Document Number) Certified Copies Certificates of Status	(Bus	iness Entity Nam	nel
Certified Copies Certificates of Status	\		,
Certified Copies Certificates of Status	(Doc	rument Number)	
	(550	dinent Humber,	
	Oute a Out	0-46-4	-101-1
Special Instructions to Filing Officer:	Certified Copies	Centificates	or Status
Special Instructions to Filing Officer:			
	Special Instructions to F	iling Officer:	
			j

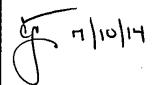
Office Use Only



200261383112

06/19/14--01008--006 **/8.75

14 JUL -9 PM 2: 59
SECRETARY OF STATE
TAIL MILESSEE FROM THE



COVER LETTER

	lew Filing Section Pivision of Corpor					
SUBJEC	_{CT:} Galen I	nsurance Com	npa	iny		
		Name of corpora	tion -	must include suffix	······································	
Dear Sir o	or Madam:					
"Certifica	te of Existence,"	by Foreign Corporation or "Certificate of Good Surporation to transact but	Stanc	Authorization to Transact fing" and check are submes in Florida.	Business in Florid itted to register the	la," e
	urn all correspond y Lowry	ence concerning this ma	atter	to the following:		
DOM	y LOWLY	Name	of P	erson		
Galer	Insurance	Company				
		Firm/C	Comp	any		
231 S	outh Bemi	ston Suite 100	0			
Clayto	on, MO 63		idres	S		
		City/Stat	te an	d Zip code		
dlowry	@galeninsi					_
		-mail address: (to be us	ed fo	or future annual report no	tification)	
For furthe	r information con	cerning this matter, plea	se ca	il:		
Denny	y Lowry _{ceo}	Treasurer 314	•	, 721-2366	7.60	14
	lame of Person			ode & Daytime Telephon	e Number	6- 70F -6
N/ Di Cl 26	TREET/COURING ew Filing Section ivision of Corpora lifton Building 661 Executive Cer allahassee, FL 32	tions iter Circle		MAILING ADI New Filing Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion porations	强 2: 59
Enclosed i	is a check for the	following amount:				
570.00	Filing Fee	\$78.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy	S87.50 Filing & Certificate of Certified Copy	Status &



July 7, 2014

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

I am attaching the requested documents for Galen Insurance Company.

- 1. Application by Foreign Corporation for Authorization to Transact Business in Florida
- 2. Certificate of Good Standing State of Missouri
- 3. Certificate of Authority State of Missouri
- 4. Fees Galen has already paid fees related to this filing and are on deposit with the state of Florida

Thanks

Denny Lowry

Chief Financial Officer

Galen Insurance Company

FILED

14 JUL-9 PH 2:50

SECRETARISH SAFE

ALL MARKS SERVICES

ALL



June 20, 2014

DENNY LOWRY 231 SOUTH BEMISTON SUITE 1000 CLAYTON, MO 63105

SUBJECT: GALEN INSURANCE COMPANY

Ref. Number: W14000038733

We have received your document for GALEN INSURANCE COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the treasurers name.

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 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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 214A00013491

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.

(Enter name of o	corporation; must include "INCORPORATEI Corp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,	15
(If name unavai	lable in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting	business in Florida)
_{2.} Missouri		_{3.} 86-1123749	
(State or country	under the law of which it is incorporated)	(FEI number, if applic	able)
4. 11/11/20		_{s.} Perpetual	
•	e of incorporation)	(Duration: Year corp. will cease to e	xist or "perpetual")
6. Not Appl	icable - Seeking License		
		in Florida, if prior to registration)	<u> </u>
- 231 South	n Bemiston Suite 1000 Ci	.1502, F.S., to determine penalty liability)
7.201 0001	(Principal office ac		
231 South	Bemiston Suite 1000 Clay	•	
	(Current mailing ac		
Innua Ma			-
	edical Malpractice Insuran		
(Purpose(s) of corporation authorized in home state or	country to be carried out in state of Flori	da)
9. Name and stree	et address of Florida registered agent: (P	P.O. Box NOT acceptable)	三
Name:	CT Corporation System	<u> </u>	
Office Address:	1200 S. Pine Island Roa	ad	78850 1-9 1-1-1-1
	Plantation	Florida 33324	
	(City)	, Florida 33324 (Zíp code)	SREET 2: 5
10. Registered a			₩

Den Danijela Byers, Asst. Secretary
(Registered agent's signature)

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.

^{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.

12. Names and business addresses of officers and/or directors: FILED A. DIRECTORS Chairman: George R. Schoedinger, III M.D. 14 JUL -9 PM 2:59 Address: 231 South Bemiston Suite 1000 Clayton, MO 63105 Address: 231 South Bemiston Suite 1000 Clayton, MO 63105 Director: Kenneth J. Bennett M.D. Address: 231 South Bemiston Suite 1000 Clayton, MO 63105 Director: Dale Doerr M.D. Address: 231 South Bemiston Suite 1000 Clayton, MO 63105 B. OFFICERS President: George R. Scchoedinger III M.D. Address: 231 South Bemiston Suite 1000 Clayton, MO 63105 Vice President: Dennis Lowry CFO / Treasurer Address: 231 Bemiston Suite 1000 Clayton, MO 63105 Secretary: Kenneth Bennett M.D. Address: 231 South Bemiston Suite 1000 Clayton, MO 63105 Treasurer: Address: 231 South Bemiston Suite 1000 Clayton, MO 63105 may attach an addendum to the application listing additional officers and/or directors. NOTE: If necessary, you 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. Dennis W. Lowry - CFO /Treasurer

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



Galen Insurance Company

NAIC #12361

Secretary of State

New Registration

Board of Directors

<u>Name</u>	<u>Address</u>
Kenneth Bennett	231 S. Bemiston Suite 1000 Clayton, Mo 63105
Dale Doerr M.D.	231 S. Bemiston Suite 1000 Clayton, Mo 63105
Ashok Kumar M.D.	231 S. Bemiston Suite 1000 Clayton, Mo 63105
Forbes McMullin M.D.	231 S. Bemiston Suite 1000 Clayton, Mo 63105
George Schoedinger III M.D.	231 S. Bemiston Suite 1000 Clayton, Mo 63105
David Spewak	231 S. Bemiston Suite 1000 Clayton, Mo 63105
Bradley Wastler	231 S. Bemiston Suite 1000 Clayton, Mo 63105
Steven Wideman	231 S. Bemiston Suite 1000 Clayton, Mo 63105



STATE OF MISSOURI



Jason Kander Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

SECRETARY OF STATE

解 2: 5:

I, JASON KANDER, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

Galen Insurance Company 100626573

was created under the laws of this State on the 8th day of December, 2004, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 30th day of June, 2014.

Secretary of State

Certification Number: CERT-06302014-0054

