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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

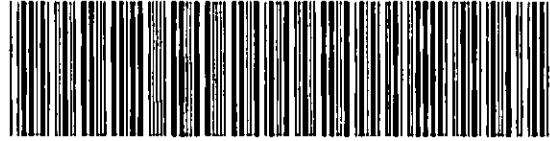
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ISMIE Mutual Insurance Company

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:

Doug Batchelder

Name of Person

ISMIE Mutual Insurance Company

Firm/Company

20 N. Michigan Avenue, Suite 700

Address

Chicago, IL 60602

City/State and Zip code

dougbatchelder@ismie.com

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

For further information concerning this matter, please call:

Doug Batchelder

312

580-6476

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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. ISMIE Mutual Insurance Company
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

None

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Illinois 3. 36-2883612
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/18/1976 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 20 N. Michigan Avenue, Suite 700, Chicago, IL 60602
(Principal office address)
Same as above
(Current mailing address, if different)

8. 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)

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.

C T Corporation System Kimberly Steinmetz
by: Kimberly Steinmetz Vice President and Assistant Secretary
(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.

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

A. DIRECTORS

Chairman: Harold L. Jensen, M.D., deceased May 2017. Election of new chairman will be in April 2018.

Address: _____

Vice Chairman: Paul H. DeHaan, M.D.

Address: 7502 Crystal Springs Road, Crystal Lake, IL 60012

Director: Proctor R. Anderson, M.D.

Address: 4993 Clubhouse Cr., Boulder, CO 80301

Director: Alejandro Aparicio, M.D.

Address: 6512 W. Belle Plaine Avenue, Chicago, IL 60634

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B. OFFICERS

President: Paul H. DeHaan, M.D.

Address: 7502 Crystal Springs Road, Crystal lake, IL, 60012

Vice President: N/A

Address: _____

Secretary: Peter E. Eupierre, M.D.

Address: 720 St. Josephs Drive, Oak Brook, IL, 60523

Treasurer: Peter E. Eupierre, M.D.

Address: 720 St. Josephs Drive, Oak Brook, IL, 60523

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

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. Paul H. DeHaan, M.D. Vice Chairman, Board of Directors
(Typed or printed name and capacity of person signing application)

DIRECTORS (continued)

Craig A. Backs, M.D.
1776 Chatham, Springfield, IL 62704

Peter A. Brusca, M.D.
13161 Cypress Glen, Palm Beach Gardens, FL 33418

Scott A. Cooper, M.D.
60 W. Erie, Apt #1401, Chicago, IL 60654

John J. DeGuide, M.D.
3847 Gray Fox Run, Rockford, IL 61114

Peter E. Eupierre, M.D.
720 St. Josephs Drive, Oak Brook, IL 60523

Richard A. Geline, M.D.
1225 Central Road, Glenview, IL 60025

William J. Holt, M.D.
300 S. 18th Street, Quincy, IL 62301

Theodore M. Kanellakes, M.D.
1015 Erins Glen Drive, Joliet, IL 60431

Tim C. Kisabeth, M.D.
3312 Rosenberg Lane, Godfrey, IL 62035

William E. Kobler, M.D.
6729 Millbrook Drive, Rockford, IL 61108

James L. Milam, M.D.
1205 Ashbury Lane, Libertyville, IL 60048

Robert J. Oliver, M.D.
11630 Ruby Court, Frankfort, IL 60423

Sandra J. Olson, M.D.
220 East Walton Street, Unit 6W, Chicago, IL 60611

DIRECTORS (continued)

Wayne V. Polek, M.D.
206 N. Water Street, #403, Batavia, IL 60510

Ponnambalam Sundram, M.D.
10 Andrew Court, Burr Ridge, IL 60527

Merita R.C. Tan, M.D.
61 W. Chestnut, Chicago, IL 60610

Cheryl D. Wolfe, M.D.
5000 S. East End Avenue, Unit 17C, Chicago, IL 60615



November 30, 2017

ISMIE Mutual Insurance Company receives its authority to transact business in the state of Illinois from the Illinois Department of Insurance. Therefore, the attached Certificate of Compliance from that department serves as a certificate of existence in this state. If you have any questions, please contact Doug Batchelder at 312-580-6476 or at doughbatchelder@ismie.com. Thank you.

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE



WHEREAS, the ISMIE MUTUAL INSURANCE COMPANY located at Chicago in the State of **Illinois** was incorporated pursuant to the provisions of the "**Illinois Insurance Code**" applicable to said Company:

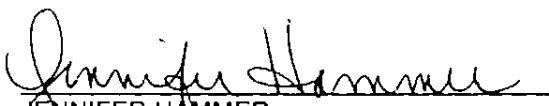
NOW, THEREFORE, I the undersigned, Director of Insurance of the State of Illinois, do hereby certify the said Company is authorized to transact its appropriate business as set forth under Clause(s)

(a), (b), (c), (d), (e), (f), (g), (h), (i), (j), (k), (l) of Class 2
(a), (b), (c), (d), (e), (f), (g), (h), (i) of Class 3

of Section 4 of the "**Illinois Insurance Code**" in this State, in accordance with the laws thereof.

DEPARTMENT OF INSURANCE of the State
of
Illinois;

DATE: November 22, 2017


JENNIFER HAMMER
DIRECTOR OF INSURANCE



Certificate of Compliance