

2600 Professionals Drive, Box 150 Ökemos, Michigan 48805-0150

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July 27, 2001

Florida Department of State Division of Corporations Post Office Box 1500 Tallahassee, FL 32302-1500

RE:

Physicians Protective Plan, Inc.

Resignation of Officer/Director

To Whom It May Concern:

Enclosed are form CR2E044 and a check in the amount of \$35.00 for the filing fee associated with the resignation of William D. Baxter from Physicians Protective Plan, Inc.

If you have any questions or require further information, do not hesitate to contact me at (517) 347-6257.

Sincerely,

Kathryn A. Neville, JD, CPCU

Legal Counsel

Enclosures

AUG 3 200

517/349-6500 800/292-1036 Fax 517/349-8977 www.ProNational.com SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA



OFFICER / DIRECTOR RESIGNATION

I,	William D. Baxter	_, hereby resign as_	Director,	Treasurer & Vi	& Vice President	
			(ine)	ites	rdent	
of_	Physicians Protective Plan, Inc. (Name of Corporati				1 .±.:± = - p.:****	
a c	orporation organized under the laws of the Sta	ate of Florida	-		: कर्रा ≟	
ano	d affirm that the corporation has been notified:	in writing of the resi	gnation.			
	(Signature of	1 Satter resigning officer/directo	, or)		·	