

FOOOOOO 6998

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Interlex Insurance Company

(Name of corporation - must include suffix)

Dear Sir or Madam:

200003489142--2
-12/06/00--01042--004
*****87.50 *****87.50

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",
"Certificate of Existence", 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:

W-28995

Marie Allison

(Name of Person)

Florida Physicians Insurance Company, Inc.

(Firm/Company)

1000 Riverside Avenue, Suite 800

(Address)

Jacksonville, FL 32204

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Marie Allison

(Name of Person)

at (904) 354-5910 ext 3264

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

mt
12/18

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



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

December 11, 2000

MARIE ALLISON
1000 RIVERSIDE AVE., STE 800
JACKSONVILLE, FL 32204

SUBJECT: INTERLEX INSURANCE COMPANY
Ref. Number: W00000028995

We have received your document for INTERLEX INSURANCE COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

Please complete the remainder of the form.,

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) 487-6097.

Michael Mays
Document Specialist

Letter Number: 400A00062314

00 DEC 19 2000
TALLAHASSEE
SECRETARY OF STATE
MARIE ALLISON

FILED

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. Interlex Insurance Company
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Missouri
(State or country under the law of which it is incorporated)
3. 43-1327896
(FEI number, if applicable)

4. May 16, 1984
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. Interlex Insurance upon Qualifications
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1903 East Battlefield
Springfield, MO 65804
(Current mailing address)

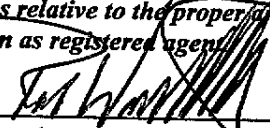
8. Professional Liability Insurance
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)
 Name: Rob Wortelboer
 Office Address: 1000 Riverside Avenue, Suite 800
Jacksonville, Florida, 32204
 (Zip code)

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 TALLAHASSEE, FLORIDA

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.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: ☒ Peter F. Spataro

Address: 9035 Fernald

St. Louis, MO 63123

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: ☒ Andrew K. Bennett

Address: 2475 E. Montclair Court

Springfield, MO 65804

Vice President: ☒ Steven W. White

Address: 512 NE Sawgrass Court

Lee's Summit, MO 64064

Secretary: ☒ Lloyd J. Carmichael

Address: 908 Augusta Drive

Springfield, MO 65809

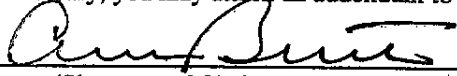
Treasurer: ☒ Nancy Mogab

Address: 955 Town & Country Estates Court

St. Louis, MO 63141

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Andrew K. Bennett, President/Chief Executive Officer
(Typed or printed name and capacity of person signing application)

Certificate of Authority



Missouri Department of Insurance

Certified Copy

It is Hereby Certified, That

INTERLEX INSURANCE COMPANY
A MISSOURI CORPORATION

has complied with the requirements of the Insurance Laws of this State, and is hereby authorized subject to the provisions thereof and of the Charter powers of said company, to do the insurance or other business listed below:

Property (§379.010.1(1), RSMo)
Liability (§379.010.1(2), RSMo)
Accident and Health (§379.010.1(4), RSMo)

in the State of Missouri. This Certificate is a continuous authority and shall not be re-executed annually. This Certificate shall be extended each July First upon application for renewal by the company and upon payment of the statutory fees and taxes, and shall remain in full force and effect unless refused, suspended, or revoked by the Director.

I, Keith A. Wenzel, Director of the Department of Insurance, State of Missouri, do hereby certify that the above and foregoing is a true and correct copy of the Certificate of Authority issues to

INTERLEX INSURANCE COMPANY

Which said original certificate is now on file in this department. To date, this Certificate has not been refused, terminated, suspended, or revoked by the Director.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be hereto affixed Seal of said Department. Done at my office in the City of Jefferson, this 15th day of August, 2000.

Keith A. Wenzel, Director

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TALLAHASSEE, FLORIDA