

F01000000323
TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: UNDERWRITER FOR THE PROFESSIONS INSURANCE COMPANY

MMJH

(Name of corporation - must include suffix)

Dear Sir or Madam: 00789-00645-00644-00647-00671

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-14593

Lindsay J. Wanagel

800003279968-8
-06/07/00--01061--001

(Name of Person)

*****78.75 *****78.75

Underwriter for the Professions Insurance Company

(Firm/Company)

185 Greenwood Road

(Address)

Napa, California

(City/State/Zip)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 31 PM 1:35

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

Michael O'Donohue

(Name of Person)

at (800) 225-0318

(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 Mr. O'Donohue GAVE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

AUTHORIZATION BY PHONE TO
CORRECT #6
DATE 6/20/00
DOC. EXAM mjt

☐ \$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

June 8, 2000

LINDSAY J. WANAGEL
UNDERWRITER FOR THE PROFESSIONS INSURANCE
185 GREENWOOD ROAD
NAPA, CA 94558

SUBJECT: UNDERWRITER FOR THE PROFESSIONS INSURANCE
COMPANY
Ref. Number: W00000014593

We have received your document for UNDERWRITER FOR THE PROFESSIONS 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):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.)

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) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 600A00032657

**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. Underwriter for the Professions 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. Colorado 3. 95-4234708
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 5, 1989 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 185 Greenwood Road
Napa, CA 94558
(Current mailing address)

8. To make and engage in all forms of liability insurance and reinsurance for the benefit of its stockholders and to engage in all other activities incident thereto or connected therewith.
(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: Carolyn Sears
The Doctors' Company
Office Address: 5100 North West 33rd Ave., Suite 255
Ft. Lauderdale, Florida, 33309
(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.

Carolyn Sears
(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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 31 PM 1:35

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: Richard E. Anderson, M.D.

Address: 185 Greenwood Road
Napa, CA 94558

Vice Chairman: None

Address: _____

Director: David M. Charles, M.D., Jerrald R. Goldman, M.D., Mark Gorney, M.D.

Address: 185 Greenwood Road
Napa, CA 94558

Director: Ann S. Lofsky, M.D., Charles A. O'Brien, Esq., Manuel S. Puebla

Address: 185 Greenwood Road
Napa, CA 94558

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

President: Manuel S. Puebla

Address: 185 Greenwood Road
Napa, CA 94558

Vice President: Manuel S. Puebla

Address: 185 Greenwood Road
Napa, CA 94558

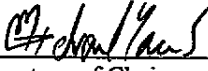
Secretary: Michael Jacob

Address: 185 Greenwood Road
Napa, CA 94558

Treasurer: Michael Jacob

Address: 185 Greenwood Road
Napa, CA 94558

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. Michael Jacob, Secretary/Treasurer
(Typed or printed name and capacity of person signing application)

STATE OF COLORADO

DEPARTMENT OF REGULATORY AGENCIES

M. Michael Cooke
Executive Director

DIVISION OF INSURANCE

William J. Kirven III
Commissioner of Insurance
1560 Broadway, Suite 850
Denver, CO 80202



Bill Owens
Governor

STATE OF COLORADO)
)ss
DIVISION OF INSURANCE)

CERTIFICATE OF AUTHORIZATION

I, **WILLIAM J. KIRVEN III**, Commissioner of Insurance of the State of Colorado, do hereby certify that **Underwriter For The Professions Insurance Company** is duly authorized to transact the business of **Multiple Line** insurance in this State as provided for in its current Certificate of Authority.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at the city and county of Denver, this 19th day of July, 2000.

William J. Kirven III
Commissioner of Insurance

"The Mission of the Division of Insurance is Consumer Protection"

General Number: (303) 894-7499 / Consumer Complaints: (303) 894-7490 / Toll Free 1-800-930-3745 / FAX: (303) 894-7455
Producer Licensing/ASI: 1-800-275-8247 / V/TDD For the Deaf or Hearing Impaired: (303) 894-7880
<http://www.dora.state.co.us/insurance>



STATE OF COLORADO

DEPARTMENT OF
STATE

CERTIFICATE

I, DONETTA DAVIDSON, SECRETARY OF STATE OF THE STATE OF
COLORADO HEREBY CERTIFY THAT ACCORDING TO THE RECORDS OF
THIS OFFICE

UNDERWRITER FOR THE PROFESSIONS, INC.
(COLORADO INSURANCE COMPANY)

FILED A CERTIFICATE OF AUTHORITY ON SEPTEMBER 9, 1989.

Dated: March 22, 2000

Donetta Davidson

SECRETARY OF STATE