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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAG Mutual Financial Services, Inc.

(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", 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:

Kimberly J. Fisher

(Name of Person)

MAG Mutual Insurance Company

(Firm/Company)

3525 Piedmont Road, Building 8, Suite 600

(Address)

Atlanta, GA 30305

(City/State and Zip code)

For further information concerning this matter, please call:

Kim Fisher

(Name of Person)

at (800) 282-4882 ext. 5627

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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. MAG Mutual Financial Services, Inc.
(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. Georgia 3. 58-2242202
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/2/1996 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 3525 Piedmont Road, Building 8, Suite 601, Atlanta, GA 30305
(Principal office address)

(Current mailing address)

8. Mortgage Broker
(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: CT Corporation System

Office Address: c/o CT Corporation System, 1200 S Pine Island Road

Plantation, Florida 33324
(City) (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.

Dale W. Morris

(Registered agent's signature)

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

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.

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03 SEP -2 PM 3:05
CLERK OF STATE
TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: Roy W. Vandiver, M.D.

Address: 3525 Piedmont Road, Building 8, Suite 600
Atlanta, GA 30305

Vice Chairman: E. Daniel DeLoach, M.D.

Address: 12 Kolb Drive
Savannah, GA 31406

Director: Catherine S. Andrews, M.D.

Address: 3825 Cherokee Street
Kennesaw, GA 30144

Director: Benjamin H. Cheek, M.D.

Address: 2000 Hamilton Road
Columbus, GA 31904-8927

See attached

B. OFFICERS

President: Stephen C. Barton

Address: 3525 Piedmont Road, Building 8, Suite 600
Atlanta, GA 30305

Vice President: Joseph W. Tasker, Jr.

Address: 3525 Piedmont Road, Building 8, Suite 600
Atlanta, GA 30305

Secretary: Marilyn J. Allen

Address: 3525 Piedmont Road, Building 8, Suite 600, Atlanta, GA 30305

Treasurer: Darrell O. Grimes

Address: 3525 Piedmont Road, Building 8, Suite 600, Atlanta, GA 30305

See attached

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

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

14. Marilyn J. Allen, Esq., Secretary

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

Division of Corporations
MAG Mutual Financial Services, Inc.

12. Names and business address of officers and/or directors:

A. Directors

Director	William C. Collins, M.D.	6000 Winterthur Dr., NW Atlanta, GA 30328
Director	Philip Z. Israel, M.D.	702 Canton Road, NE Marietta, GA 30060
Director	Stephen C. Barton	3525 Piedmont Road, Building 8, Suite 601 Atlanta, GA 30305
Director	Thomas M. Gose	3525 Piedmont Road, Building 8, Suite 600 Atlanta, GA 30305
Director	Joseph W. Tasker, Jr.	3525 Piedmont Road, Building 8, Suite 600 Atlanta, GA 30305

B. Officers

Chief Executive Officer	Thomas M. Gose	3525 Piedmont Road Building 8, Suite 600 Atlanta, GA 30305
Assistant Secretary	Marc D. Hammett	3525 Piedmont Road Building 8, Suite 600 Atlanta, GA 30305
Vice President	John E. Redfearn, III	3525 Piedmont Road Building 8, Suite 601 Atlanta, GA 30305
Chief Information Officer	Alan Mercaldo	3525 Piedmont Road Building 8, Suite 600 Atlanta, GA 30305

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : K611144
DATE INC/AUTH/FILED: 04/02/1996
JURISDICTION : GEORGIA
PRINT DATE : 08/06/2003
FORM NUMBER : 211

MAG MUTUAL INSURANCE COMPANY
KIMBERLY J. FISHER
P.O. BOX 52979
ATLANTA, GA 30355

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

MAG MUTUAL FINANCIAL SERVICES, INC.
A GEORGIA PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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Cathy Cox
Secretary of State