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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

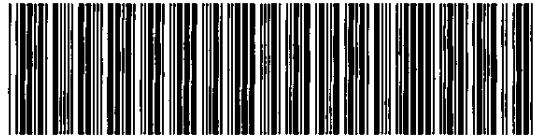
Special Instructions to Filing Officer:

Give date of receipt
as filing date.
Re: Mary Ann Dickey
1/8/08

Office Use Only

647

W07-61223



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07 DEC 18 AM 9:49

1/8/08

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COVER LETTER

07 DEC 18 AM 9:49

TO: New Filing Section
Division of Corporations

SUBJECT: Wisconsin Physicians Service Insurance Corporation
(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:

Bob Harvey

(Name of Person)

Wisconsin Physicians Service Insurance Corporation

(Firm/Company)

1717 W. Broadway

(Address)

Madison, WI 53708

(City/State and Zip code)

For further information concerning this matter, please call:

Bob Harvey

(Name of Person)

at (608) 226-2658

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

New Filing 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



SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC 10 AM 9:49

January 3, 2008

Ms. Claretha Golden
Florida Secretary of State
New Filing Section – Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Wisconsin Physicians Service Insurance Corporation
Ref. Number: W07000061223

Dear Ms. Golden:

We are in receipt of your letter dated December 19, 2007 to Mr. Bob Harvey of our corporation. In your letter to Mr. Harvey you indicate that your department requires 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.

After further clarification from Maryanne of your office, we are resubmitting our application and certificate of good standing. Pursuant to WI ST § 611.07, the Office of the Commissioner of Insurance ("OCI") has the duty and the power to act as the Secretary of State for insurance companies in Wisconsin. The enclosed "Certification of the Authenticity of Copy of Document on File" is provided by the OCI to serve as a certificate of existence and certificate of good standing for Wisconsin insurance companies.

If you have any further questions related to this certification provided by the OCI, please contact Jackie Karls of the Wisconsin OCI at (608) 266-9891 or myself at the number listed below. Thank you so much for your time and assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Angi Julian", written over a horizontal line.

Angi Julian / Paralegal
Compliance Consultant
WPS Regulatory Services
Direct Line (608) 223-5973
E-mail – Angela.Julian@wpsic.com

Afj/encl.



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2007

BOB HARVEY
1717 W. BROADWAY
MADISON, WI 53708

SUBJECT: WISCONSIN PHYSICIANS SERVICE INSURANCE CORPORATION
Ref. Number: W07000061223

We have received your document for WISCONSIN PHYSICIANS SERVICE INSURANCE CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 the corrected original and one copy of 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) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 507A00070782

**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. Wisconsin Physicians Service Insurance Corporation

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Wisconsin

(State or country under the law of which it is incorporated)

3. 39-1268299

(FEI number, if applicable)

4. 04/27/1977

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 11/05/07

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

7. 1717 W. Broadway, Madison, WI 53708

(Principal office address)

PO Box 7607, Madison, WI 53707

(Current mailing address)

8. audit Medicare insurance claims

(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 NOT acceptable)

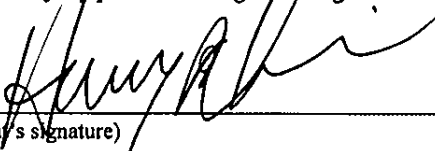
Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.



**Harry B. Davis
Asst. Vice President**

(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.

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

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A. DIRECTORS

Chairman: See attached list.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached list.

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Will C. Beisenstein
(Signature of Director or Officer listed in number 12 of the application)

14. William C. Beisenstein, Treasurer
(Typed or printed name and capacity of person signing application)

OFFICERS:EUGENE J. NORDBY, M.D., CHAIRMANName/Title7824 COURTYARD DR., MADISON, WI 53719AddressJAMES R. RIORDAN, PRESIDENT & CEOName/Title6309 PIPING ROCK ROAD, MADISON, WI 53711AddressBRAD ANDERSON, VICE CHAIRMANName/Title336 E. LAKE ST., LAKE MILLS, WI 53551AddressWILLIAM T. BATHKE, EXECUTIVE V.P., & COOName/Title5711 WINNEQUAH RD., MONONA, WI 53716AddressDAVID L. VOGEL, SECRETARYName/Title2144 WILLIAMS DR., STOUGHTON, WI 53589AddressWILLIAM BEISENSTEIN, TREASURERName/Title3102 HAWKS HAVEN TR., DEFOREST, WI 53532AddressEDWIN HILL JR., ASSISTANT TREASURERName/Title17 DEER POINT TRAIL, MADISON, WI 53719AddressKIM R. GOKE, ASSISTANT CORPORATE SECRETARYName/Title7065 GEHIN DRIVE, BELLEVILLE, WI 53508AddressName/TitleAddress**DIRECTORS:**MR. NORDBY IS AN OFFICER & A DIRECTORNameAddressMR. RIORDAN IS AN OFFICER & A DIRECTORNameAddressMR. ANDERSON IS AN OFFICER & A DIRECTORNameAddressMR. BATHKE IS AN OFFICER & A DIRECTORNameAddressMR. VOGEL IS AN OFFICER & A DIRECTORNameAddressNameAddressMR. HILL IS AN OFFICER & A DIRECTORNameAddressNameAddressKRISTINE A. EUCLIDEName2910 LAKELAND AVE., MADISON, WI 53704Address

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OFFICERS:

Name/Title

Address

Name/Title

Address

Name/Title

Address

Name/Title

Address

Name/Title

Address

Name/Title

Address

Name/Title

Address

Name/Title

Address

Name/Title

Address

DIRECTORS:

JEFFREY ALLEN, M.D.,

Name

W700 POND ROAD, RUBICON, WI 53078

Address

LELAND KAUTH

Name

3841 43RD STREET, SOUTH, WISCONSIN RAPIDS, W

Address

54491

MARLA AHLGRIMM, R. PH.,

Name

5832 OSMUNDSEN CT., MADISON, WI 53711

Address

JOHN MCGLOIN, M.D.

Name

N9293 EAST SHORE RD., MARENISCO, MI 49947

Address

JOHN MATTHEWS

Name

5726 KILKENNY PLACE, MADISON, WI 53711

Address

TIMOTHY T. FLAHERTY, M.D.

Name

547 EAST WISCONSIN AVE., NEENAH, WI 54956

Address

JOHN J. BRANDABUR, M.D.,

Name

529 SOUTH SHORE DR., MADISON, WI 53715

Address

JAMES A. LORD, D.D.S

Name

7517 EAST HAMPSTEAD CT., MIDDLETON, WI 53562

Address

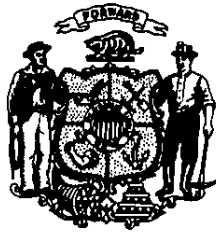
WILLIAM H. HAIGHT, III

Name

51 BURROWS ROAD, MADISON, WI 53704

Address

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State of Wisconsin
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, Wisconsin 53707-7873

Certification of the Authenticity of Copy of Document on File

The Commissioner of Insurance of the State of Wisconsin certifies that the attached copy of

CERTIFICATE OF AUTHORITY

for Wisconsin Physicians Service Insurance Corporation

is a true and correct copy of the original now on file with the Office of the Commissioner of Insurance.

Dated at Madison, Wisconsin, this 12th day of December, 2007.

A handwritten signature in black ink, appearing to be "A. J. B.", written over a horizontal line.

Commissioner of Insurance

Certificate of Authority State of Wisconsin

Office of the Commissioner of Insurance
Madison

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Certificate No. 068-53139
Date Issued: October 1, 1984

This Is To Certify, That, pursuant to the Insurance Laws of the State of Wisconsin,

Wisconsin Physicians Service Insurance Corporation
Madison, Wisconsin

has paid the fees and taxes required by law and that it is hereby authorized to transact the business of

A Service Insurance Corporation for Health Care under Chapter 613 of the
Wisconsin Statutes

subject to the following limitations:

None

in the State of Wisconsin as long as the insurer continues to conform to the authority granted by this certificate, is in full compliance with all, and not in violation of any, of the applicable laws and lawful requirements made under authority of the laws of the State of Wisconsin.

Thomas P. Fox