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DIVISION OF CORPORATIONS
10 DEC -8 AM 10:43

WI-51491

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Medicus Insurance Company

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," or "Certificate of Good Standing" 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:

Howard H. Lamb

Name of Person

Medicus Insurance Company

Firm/Company

4807 Spicewood Springs Rd. Bldg. 4 1st Floor

Address

Austin, Texas 78759

City/State and Zip code

hlamb@medicusins.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Howard H. Lamb

Name of Person

at (512) 879-5102

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2010

HOWARD H LAMB
4807 SPICEWOOD SPRINGS RD BLDG 4 1ST FLO
AUSTIN, TX 78759

SUBJECT: MEDICUS INSURANCE COMPANY
Ref. Number: W10000051491

We have received your document for MEDICUS 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):

Your application was not enclosed with the filing fee.

If you have any further questions concerning your document, please call (850) 245-6931.

Becky McKnight
Regulatory Specialist II Supervisor
New Filing Section

Letter Number: 710A00025893

**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. Medicus Insurance Company

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

Medicus. Incorporated

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

2. Texas

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

3. 20-5623491

(FEI number, if applicable)

4. September 29, 2006

(Date of incorporation)

5. Perpetual

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

6. None as Yet

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

7. 4807 Spicewood Springs Rd. Bldg. 4 Suite 100, Austin, Texas 78759

(Principal office address)

4807 Spicewood Springs Rd. Bldg. 4 Suite 100 Austin, Texas 78759

(Current mailing address)

8. Sales and service of property and casualty 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 NOT acceptable)

Name: Michael Roque

Office Address: 586 Corrigan Woods Trail

Oviedo

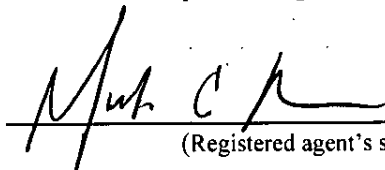
(City)

, Florida 32765

(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.



(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:

A. DIRECTORS

Chairman: Howard H. Lamb

Address: 4807 Spicewood Springs Rd., Bldg. 4 Suite 100, Austin, Texas 78759

Vice Chairman: _____

Address: _____

Director: Eugenie H. Shea

Address: 4807 Spicewood Springs, Rd. Bldg. 4 Suite 100, Austin Texas 78759

Director: Charles W. Bailey

Address: 4807 Spicewood Springs Rd. Bldg. 4 Suite 100, Austin, Texas 78759

B. OFFICERS

President: Eugenie H. Shea

Address: 4807 Spicewood Springs Rd. Bldg. 4, Suite 100, Austin, Texas, 78759

Vice President: Charles W. Bailey

Address: 4807 Spicewood Springs Rd. Bldg. 4 Suite 100, Austin, Texas

Secretary: Jeffrey E. Weigl

Address: 4807 Spicewood Springs Rd. Bldg. 4 Suite 100, Austin, Texas 78759

Treasurer: Mark D. Johnson

Address: 4807 Spicewood Springs Rd. Bldg. 4 Suite 100, Austin, Texas

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Howard H. Lamb, Chairman

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

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MEDICUS INSURANCE COMPANY

OFFICERS AND DIRECTORS

DIRECTORS

Walter C. Keenan

600 Montgomery Street, Suite 1100, San Francisco, California, 94108

Timothy F. Howe

1055 Washington Blvd., Stamford, Connecticut

Gary D. Witherspoon

611 South Clay Street, Ennis, Texas, 75119

Dodd D. Hyer

2635 Box Canyon, Las Vegas, Nevada, 89128

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From: Jeff Hunt [Jeff.Hunt@tdi.state.tx.us]
Sent: Wednesday, December 08, 2010 10:07 AM
To: McKnight, Rebecca
Subject: Medicus Insurance Company

Ms. McKnight
Medicus Insurance Company was incorporated and licensed September 28, 2006 as a Texas insurance Corporation pursuant to Texas Insurance Code Ch. 822 and Ch. 861. It is under normal operations and it is not operating under any regulatory action.

If you have any further questions or concerns, I can be reached at 512-305-7293.

Sincerely,
Jeff Hunt, CPA
Admissions Officer
Company Licensing and Registration
Financial Program
Texas Department of Insurance

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Texas Department of Insurance



Certificate No. 14197

Company No. 07-096130

Certificate of Authority

THIS IS TO CERTIFY THAT

MEDICUS INSURANCE COMPANY

AUSTIN, TEXAS

has complied with the laws of the State of Texas applicable thereto and is hereby authorized to transact the business of

Fire; Allied Coverages; Inland Marine; Workers' Compensation & Employers' Liability; Employers' Liability; Automobile--Liability & Physical Damage; Liability other than Automobile; Glass; Burglary & Theft; Forgery and Reinsurance on all lines authorized to be written on a direct basis

insurance within the state of Texas. This Certificate of Authority shall be in full force and effect until it is revoked, canceled or suspended according to law.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this

28th day of September A.D. 2006

MIKE GEESLIN
COMMISSIONER OF INSURANCE

BY

Godwin Ohaechesi

Godwin Ohaechesi, Director
Company Licensing & Registration

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