

F-1500003705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

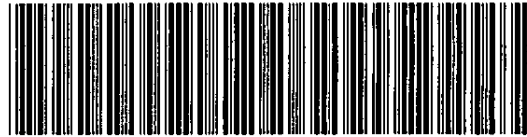
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

647 WB-51780

Office Use Only



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07/29/15--01029--009 **70.00

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15 JUL 29 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 21 2015

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 AUG 19 PH 3: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 30, 2015

VINCENT L KASCH
PO BOX 160140
AUSTIN, TX 78716

SUBJECT: TEXAS MEDICAL INSURANCE COMPANY
Ref. Number: W15000051780

We have received your document for TEXAS MEDICAL INSURANCE COMPANY and your check(s) totaling \$70.00. 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 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) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 515A00016082

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15 JUL 29 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Texas Medical 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:

Vincent L. Kasch

Name of Person

Texas Medical Insurance Company

Firm/Company

P.O. Box 160140

Address

Austin, TX 78716

City/State and Zip code

vince-kasch@tmlt.org

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

For further information concerning this matter, please call:

Andrew Yang

Name of Person

at (310) 889-0958

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

FILED
15 JUL 29 PM 5:19
TALLAHASSEE, FL
DIVISION OF CORPORATIONS



TEXAS DEPARTMENT OF INSURANCE

Financial Regulation Division - Company Licensing and Registration (305-2C)
333 Guadalupe, Austin, Texas 78701 ★ PO Box 149104, Austin, Texas 78714-9104
(512) 676-6400 | F: (512) 490-1035 | (866) 554-4926 | TDI.texas.gov | @TexasTDI

STATE OF TEXAS §
 §
COUNTY OF TRAVIS §

The Commissioner of Insurance, as the chief administrative and executive officer and custodian of records of the Texas Department of Insurance has delegated to the undersigned the authority to certify the authenticity of documents filed with or maintained by or within the custodial authority of the Company Licensing and Registration Office of the Texas Department of Insurance.

Therefore, I hereby certify that the attached documents are true and correct copies of the documents described below. I further certify that the documents described below are filed with or maintained by or within the custodial authority of the Company Licensing and Registration Office of the Texas Department of Insurance.

Eight (8) certificates of compliance for TEXAS MEDICAL INSURANCE COMPANY, Austin, Texas

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this 27th day of July, 2015

DAVID C. MATTAX
COMMISSIONER OF INSURANCE

BY: Jeff Hunt
Jeff Hunt, Admissions Officer
Company Licensing and Registration Office
Commissioner's Order No. 10-1042

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15 JUL 29 PM 5:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Per Andrew
SOS don't have to
register*



28 July 2015

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

Re: Texas Medical Insurance Company
Application by Foreign Corporation for Authorization to Transact Business

Sir or Madam:

On behalf of Texas Medical Insurance Company (the "Company"), a Texas-domiciled company, I hereby submit to your Department the Company's Application by Foreign Corporation for Authorization to Transact Business.

Please also find enclosed the following:

- A remittance of \$100 for the filing fee;
- A Certificate of Compliance in lieu of a Certificate of Good Standing; and
- An email correspondence between myself and the Texas Secretary of State's office.

Please note that the State of Texas does not recognize Certificates of Good Standing.

Please do not hesitate to contact me should you have questions.

Sincerely,

Andrew Yang
Licensing Analyst
Perr & Knight
(310) 889-0958
ayang@perrknight.com

FILED
15 JUL 29 PM 5:19
SECRETARY OF STATE
TALLAHASSEE, FL 32301

**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. **Texas Medical Insurance Company**

(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. **Texas** 3. **74-2773314**
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. **12/12/1995** 5. **Perpetual**
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

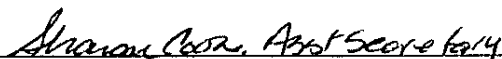
7. **901 S. MoPac Expy, Plaza V, Suite 500, Austin, TX 78746**
(Principal office address)
P.O. Box 160140, Austin, TX 78716-0140
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Paracorp Incorporated**
Office Address: **155 Office Plaza Drive, 1st Floor**
Tallahassee, Florida **32301**
(City) (Zip code)

9. 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)

10. 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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15 JUL 29 PM 5:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: PLEASE SEE ATTACHED

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Robert David Donohoe

Address: 901 S. MoPac Expy, Plaza V, Suite 500
Austin, TX 78746

Vice President: _____

Address: _____

Secretary: Susan Denise Mills

Address: 901 S. MoPac Expy, Plaza V, Suite 500, Austin, TX 78746

Treasurer: Vincent Lee Kasch

Address: 901 S. MoPac Expy, Plaza V, Suite 500, Austin, TX 78746

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

12. 
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.

13. Robert D. Donohoe

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

FILED
JUL 29 PM 5:19
15
DEPARTMENT OF STATE
TOLSON

Applicant Name: Texas Medical Insurance Company

NAIC No. 10393

FEIN 74-2773314

**Uniform Certificate of Authority Application (UCAA)
Certificate of Compliance**

State of Texas
(Domiciliary State of Applicant)

Office of Department of Insurance
(Commissioner, Superintendent, Officer)

I, Jeff Hunt, hereby certify that I am the*
(Name)

Admissions Officer, of the State of Texas
(Position)

and have supervision of insurance business in said State and as such I hereby certify that

Texas Medical Insurance Company
(Name of Insurer)

of Austin, Texas is duly organized under the laws of said State and
(city/state)

is authorized to transact the business of

Allied Coverages, Automobile Liability, Boiler & Machinery, Burglary & Theft, Fidelity & Surety, Fire, Forgery,

Glass, Inland Marine, and Liability Other than Auto

insurance in this State.

(Lines of Insurance)**

IN TESTIMONY WHEREOF, I have hereunto set my hand at Austin, Texas
(Location)

on July 20, 2015


(Signature)

Jeff Hunt
(Printed Name)

* Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.

** Lines of Insurance as shown on Form 3 of UCAA

FILED
15 JUL 29 PM 5:19
STATE
TREASURER
TULSA, OKLA

Andrew Yang

From: CLROpenRecords [CLROpenRecords@tdi.texas.gov]
Sent: Friday, August 14, 2015 6:32 AM
To: Andrew Yang
Subject: RE: Texas Medical Insurance Co.
Attachments: AYang 08132015 Letter of Good Standing.PDF

Hi, Andrew,

I've spoken with the Florida Department of State about this issue, and have some new information for you, and a solution.

Insurance companies in Texas are incorporated by the Texas Department of Insurance (TDI), not by the Secretary of State. In some other states, Florida included, their secretary of state (or equivalent department) does register/incorporate insurance companies and issues certificates of fact or certificates of good standing. TDI issues a certificate of compliance in lieu of those documents – the certificate of compliance establishes the same facts of existence and compliance on behalf of the insurance company.

When I discussed this with the representative at the Florida Department of State to whom I spoke yesterday, (Gretchen Harvey, 850-245-6917), she told me that the Texas certificate of compliance will be acceptable to that department as long as it is accompanied by a letter, from you, explaining that Texas (1) licenses insurance companies through TDI, and not the Secretary of State; and that (2) TDI's certificate of compliance stands in place of other states' certificates of good standing or certificates of fact.

In addition, I've attached a [non-certified] letter of good standing. Per my discussion with Gretchen, this letter isn't required; but it couldn't hurt. I'll leave it up to you whether to include it.

Laura K. Weld

Open Records Liaison
Company Licensing and Registration Office
(512) 676-6381 phone
Laura.Weld@tdi.texas.gov

From: Andrew Yang [mailto:AYang@perrknight.com]
Sent: Tuesday, August 11, 2015 3:57 PM
To: Laura Weld
Subject: RE: Texas Medical Insurance Co.

Good afternoon, Laura.

It looks like I was a bit confused in my initial request for the Certificate of Good Standing. I need to register the Company with the Florida Department of State; and they were looking for a Certificate of Fact. Please refer to the attached file.

Could you please send two copies of the Certificate of Fact for the captioned Company?

Thank you again for all your help.

Best,

Andrew Yang
Licensing Analyst
Perr&Knight

FILED
15 JUL 29 PM 5:19
SECRETARY OF STATE
TALLAHASSEE, FL 32399



14 August 2015

Attn: New Filing Section
Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Texas Medical Insurance Company
Ref. No. W15000051780

Sir or Madam:

On behalf of Texas Medical Insurance Company (the "Company"), I hereby re-submit to your Department the Company's Application for Authority to Transact Business.

Please note that Texas-domiciled insurance companies are authorized solely under the Texas Department of Insurance (TDI); and the TDI issues the Certificate of Compliance in lieu of the Certificate of Fact. Pursuant to Ms. Gretchen Harvey of the Florida Department of State, the TDI-issued Certificate of Compliance will serve to prove the Company's good standing with the State of Texas.

Please find enclosed the following:

- Your Department's letter, dated the 30th of July, 2015;
- The Company's application that was returned with your Department's letter;
- An email correspondence with the TDI, explaining in detail the above underlined information;
- A Certificate of Compliance; and
- A Letter of Good Standing.

Should you have any questions or issues, please do not hesitate to contact me.

Sincerely,

Andrew Yang
Licensing Analyst
Perr & Knight
(310) 889-0958
ayang@perrknight.com

FILED
15 JUL 29 PM 5:19
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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. **Texas Medical Insurance Company**

(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. **Texas** 3. **74-2773314**

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

(FEI number, if applicable)

4. **12/12/1995**

5. **Perpetual**

(Date of incorporation)

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

6. _____

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

7. **901 S. MoPac Expy, Plaza V, Suite 500, Austin, TX 78746**

(Principal office address)

P.O. Box 160140, Austin, TX 78716-0140

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Paracorp Incorporated**

Office Address: **155 Office Plaza Drive, 1st Floor**

Tallahassee

(City)

, Florida **32301**

(Zip code)

9. 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.

Sharon Coon, Asst Secretary

(Registered agent's signature)

10. 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
JUL 29 PM 5:19
15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Andrew Yang

From: Laura Weld [Laura.Weld@tdi.texas.gov]
Sent: Monday, July 27, 2015 7:42 AM
To: Andrew Yang
Subject: RE: Texas Medical Insurance Co.

Good morning, Andrew,

Texas doesn't have a certificate of good standing; those certificates of compliance serve a similar purpose. That's usually what we offer instead.

Laura K. Weld
Open Records Liaison
Company Licensing and Registration Office
(512) 676-6381 phone
Laura.Weld@tdi.texas.gov

From: Andrew Yang [mailto:AYang@perrknight.com]
Sent: Monday, July 27, 2015 9:25 AM
To: Laura Weld
Subject: FW: Texas Medical Insurance Co.

Laura:

Good morning. I was wondering if I could trouble you for additional certified documents for the same Company:

- 4 x Certificates of Good Standing/Existence

Thank you very much and please let me know if you need additional information.

Best,

Andrew Yang
Licensing Analyst
Perr&Knight
Direct Number: 310.889.0958
FAX: 310.230.1061

FILED
15 JUL 29 PM 5:20
SECRETARY OF STATE
TULALASSEE COUNTY

From: Andrew Yang
Sent: Thursday, July 23, 2015 9:01 AM
To: 'Laura Weld'
Subject: RE: Texas Medical Insurance Co.

Thank you very much and have a great day!

Andrew Yang
Licensing Analyst
Perr&Knight
Direct Number: 310.889.0958
FAX: 310.230.1061



TEXAS DEPARTMENT OF INSURANCE

Financial Regulation Division - Company Licensing and Registration (305-2C)
333 Guadalupe, Austin, Texas 78701 ★ PO Box 149104, Austin, Texas 78714-9104
(512) 676-6400 | F: (512) 490-1035 | (866) 554-4926 | TDI.texas.gov | @TexasTDI

08/12/2015

Florida Department of State
Division of Corporations
PO Box 69327
Tallahassee, FL 32314

RE: Letter of Good Standing for Texas Medical Insurance Company

To whom it may concern:

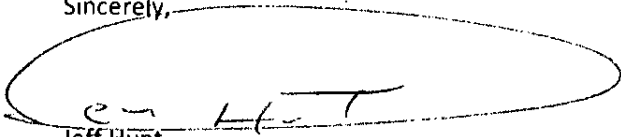
Texas Medical Insurance Company has requested that the Texas Department of Insurance issue a Letter of Good Standing in relation to the company's license as an insurer in the state of Texas. In response to this request, the Texas Department of Insurance hereby confirms the following:

1. Texas Medical Insurance Company has been licensed in the state of Texas since 02/20/1996.
2. Texas Medical Insurance Company is licensed as a Fire & Casualty (FC) company in the state of Texas.
3. Texas Medical Insurance Company's Texas certificate of authority is in full effect and will remain in full effect until it is revoked, canceled or suspended (copy attached).
4. Texas Medical Insurance Company's status is in normal operations.
5. As evidenced by the 12/31/2014 annual statement, Texas Medical Insurance Company has an adequate condition in terms of its solvency with reported capital and surplus of \$27,040,414. This amount is in excess of the statutory minimum.

None of the information above may be construed as to limit or prevent the Texas Department of Insurance's ability to initiate or take action, under applicable law, for any violation of the Texas Insurance Code or related regulations.

If there are any further questions or concerns, please let me know. I can be reached at 512-676-6375 or CompanyLicense@tdi.texas.gov.

Sincerely,


Jeff Hunt
Admissions Officer
Company Licensing and Registration Office
Financial Regulation Division
Texas Department of Insurance

FILED
15 JUL 29 PM 5:20
SECRETARY OF STATE
TALLAHASSEE, FL 32301

Applicant Name: Texas Medical Insurance Company

NAIC No. 10393

FEIN 74-2773314

**Uniform Certificate of Authority Application (UCAA)
Certificate of Compliance**

State of Texas
(Domiciliary State of Applicant)

Office of Department of Insurance
(Commissioner, Superintendent, Officer)

I, Jeff Hunt, hereby certify that I am the*
(Name)

Admissions Officer, of the State of Texas
(Position)

and have supervision of insurance business in said State and as such I hereby certify that

Texas Medical Insurance Company
(Name of Insurer)

of Austin, Texas is duly organized under the laws of said State and
(city/state)

is authorized to transact the business of

Allied Coverages, Automobile Liability, Boiler & Machinery, Burglary & Theft, Fidelity & Surety, Fire, Forgery,

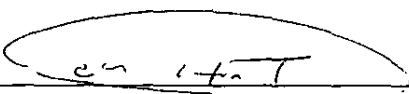
Glass, Inland Marine, and Liability Other than Auto

insurance in this State.

(Lines of Insurance)**

IN TESTIMONY WHEREOF, I have hereunto set my hand at Austin, Texas
(Location)

on July 27, 2015


(Signature)

Jeff Hunt
(Printed Name)

* Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.

** Lines of Insurance as shown on Form 3 of UCAA

FILED
15 JUL 29 PM 5:20
SECRETARY OF STATE
T. J. H. COOPER, JR.