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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only

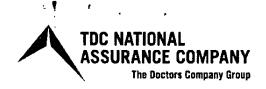


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SECRETARY OF STATE

Notos



November 29, 2016

Justin M. Shivers
Regulatory Specialist II Supervisor
Florida Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

RE: TDC National Assurance Company

Ref. Number W16000077923

Dear Mr. Shivers:

On behalf of TDC National Assurance Company, I am submitting the following:

- Certificate of Existence
- · Copy of your letter and paperwork

Please let me know if you need anything else. You may contact me at 707-226-0254 or you may email me at cnavone@thedoctors.com

Sincerely.

Christina E. Navone

Regulatory Compliance Director

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TDC National Assurance Compa	ny
	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact busing	anding" and check are submitted to register the
Please return all correspondence concerning this matt	er to the following:
Christina Navone	
Name o	f Person
TDC National Assurance Company	
Firm/Co	mpany
185 Greenwood Road	
Ado	iress
Napa, CA 94558	
City/State	and Zip code
statefilinguftp@thedoctors.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	e call:
Christina Navone at (707) 226-0254	
Name of Person Area Co	ode Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	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 & □ \$87.50 Filing Fee, Certified Copy □ 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.

•	(Enter name of co	al Assurance Company orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
	(If name unavaila	able in Florida, enter alternate corporate name add	opted for the purpose of transacting b	ousiness in Florida)
2.	Oregon	·	95-4234708	,
۷٠.		y under the law of which it is incorporated)	(FEI number, if appli	cable)
4.	September	r 5, 1989		
(Date of incorporation) (Date of duration, if other than perpetu		n perpetual)		
6.				
		(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		≥ 86 1
7	5885 Meado	ws Road, Suite 300, Lake Oswego, Oreg	·	<u> </u>
		(Principal	office address)	NOV 30
-	185 Greenwo	ood Road, P.O.Box 2900, Napa, CA 945	58	
		(Current mailing	address, if different)	T9 3 17
8.	Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	STAIL
	Name:	Corporation Service Company	<u> </u>	55.77 T
Of	fice Address:	1201 Hays Street	<u> </u>	
		Tallahassee	32301 , Florida	
		(City)	(Zip code)	

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.

Corporation Service Company

By: 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.

11. Names and busine	ess addresses of officers and/or directors:
A. DIRECTORS	PLEASE SEE ATTACHMENT FOR ALL OFFICERS AND/OR DIRECTORS
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
	
Director:	7AE 6
Address:	<u> </u>
	37 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
B. OFFICERS	
President:	Superior property of the prope
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.
12.	A WULL
are true and that he or	Signature of Director or Officer r signing this document (and who is listed in number 11 above) affirms that the facts stated herein she is aware that false information submitted in a document to the Department of State constitutes as provided for in s.817.155, F.S.
13. <u>David A. Mc</u> F	Hale, Secretary (Typed or printed name and capacity of person signing application)

Florida Department of State Division of Corporations - Attachment

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

Richard E. Anderson, M.D. 185 Greenwood Road, Napa, CA 94558, Chairman, Director, President Robert D. Francis, 185 Greenwood Road, Napa, CA 94558, Director, COO David G. Preimesberger, 185 Greenwood Road, Napa, CA 94558, Director, Treasurer, CFO James T. Dorigan, Jr., 5885 Meadows Road, Suite 300, Lake Oswego, OR 97035, Director, SVP William J. Gallagher, 185 Greenwood Road, Napa, CA 94558, Director David A. McHale, 185 Greenwood Road, Napa, CA 94558, Secretary Douglas C. Will, 185 Greenwood Road, Napa, CA 94558, Vice President Douglas W. Boltz, 185 Greenwood Road, Napa, CA 94558, Assistant Vice President

State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

Certificate of Existence 891R159M5

I, JEANNE P. ATKINS, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

TDC NATIONAL ASSURANCE COMPANY

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

Jeanne & atkins

JEANNE P. ATKINS, SECRETARY OF STATE
10/19/2016