

F1800003455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

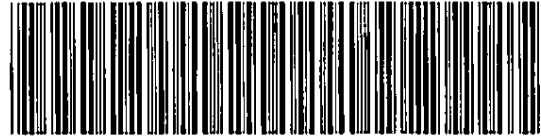
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

n BRUCE
JUL 28 2018

COVER LETTER

TO: Registration Section
Division of Corporations
State Volunteer Mutual Insurance Company

SUBJECT: _____
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:
Diane Karis

_____	Name of Person
Perr&Knight	
_____	Firm/Company
401 Wilshire Blvd Ste 300	
_____	Address
Santa Monica, CA 90401	
_____	City/State and Zip code
dkaris@perrknight.com	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane Karis	310	889-0945
_____	at (_____)	_____
Name of Person	Area Code	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:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|---|---|

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**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.*

State Volunteer Mutual Insurance Company

1. _____
(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)
Tennessee 62-0965320

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
11/28/1975 perpetual

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
n/a

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

101 Westpark Drive Ste 300, Brentwood TN 37027
7. _____
(Principal office address)
101 Westpark Drive Ste 300, Brentwood TN 37027

(Current mailing address, if different)

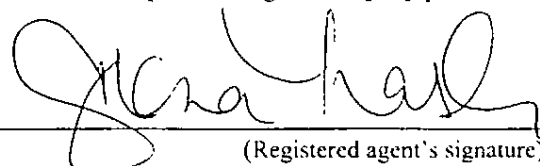
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

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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) Gloria Nash
Assistant VP

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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Hugh Francis III, MD
101 Westpark Drive Ste 300, Brentwood, TN 37027
Address: _____

Vice Chairman: John Ora Lytle, MD
101 Westpark Drive Ste 300, Brentwood, TN 37027
Address: _____

Director: See addendum
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: John Henry Mize
101 Westpark Drive Ste 300, Brentwood, TN 37027
Address: _____

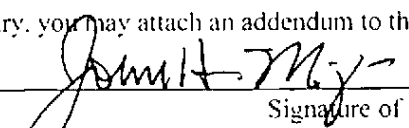
Vice President: James Wright Howell
101 Westpark Drive Ste 300, Brentwood, TN 37027
Address: _____

Secretary: Katrina McMurry Hood, MD
101 Westpark Drive Ste 300, Brentwood, TN 37027
Address: _____

Treasurer: Matthew Lane Perkins, MD
101 Westpark Drive Ste 300, Brentwood, TN 37027
Address: _____

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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 11 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. JOHN H. MIZE, PRESIDENT & CEO
(Typed or printed name and capacity of person signing application)

STATE VOLUNTEER MUTUAL INSURANCE COMPANY OFFICERS AND DIRECTORS ADDENDUM

OFFICERS

1. John Henry Mize President and Chief Executive Officer
2. Katrina McMurry Hood, MD Secretary
3. Matthew Lane Perkins, MD Treasurer

OTHER

Hugh Francis, III, MD Chair of the Board John Ora Lytle, MD Vice Chair of the Board
Michael Anthony Ricciardelli Chief Financial Officer James Wright Howell Senior Vice President
James Edward Smith Senior Vice President Robert Eldon Byrd Vice President - Chief Analytics Officer
Sherie Lea Edwards Vice President - Corporate and Legal Raymond Maxwell Meador, Jr. Vice President - Business Development
Kenneth Wayne Rucker Vice President - Claims David Martin Sesler Vice President - Information Systems
Charmy Marie Shrode Vice President - Underwriting Thomas Harry Stearns Vice President - Medical Practice Services
Rochelle Elizabeth Weatherly Vice President - Risk Educ and Eval Svcs Susan Lynn Bennett Assistant Corp Secretary/Director of Finance
Amy Jones Turbeville Controller Renee Atwood Lewis Assistant Corp Secretary/Admin - Claims

DIRECTORS OR TRUSTEES

Robert Jay Berkompas, MD Chad Tillman Couch, MD Hugh Francis, III, MD Katrina McMurry Hood, MD
Wayne Arnold Hudec, MD John Ora Lytle, MD William Irvin Mariencheck, Jr., MD Raymond Shirley Martin, III, MD
Michael Allen McAdoo, MD Paul Carter McNabb, II, MD Gary Eugene Meredith, MD Russell Eugene Miller
John Henry Mize Matthew Lane Perkins, MD Elise Emery Schriver, MD Jane Marie Sneed, MD
Lisa Jackson Young, MD

BUSINESS ADDRESS FOR ALL:

101 Westpark Drive, Ste 300, Brentwood TN 37027

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TALLAHASSEE FLORIDA



Tre Hargett
Secretary of State

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PERR&KNIGHT

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE., 6th FL.
Nashville, TN 37243-1102

PERR&KNIGHT
DIANE KARIS
STE 300
401 WILSHIRE BLVD
SANTA MONICA, CA 90401-1454

July 3, 2018

Request Type: Certificate of Existence/Authorization
Request #: 0281879

Issuance Date: 07/03/2018
Copies Requested: 1

Document Receipt

Receipt #: 004171775	Filing Fee:	\$20.00
Payment-Check/MO - PERR & KNIGHT, INC., SANTA MONICA, CA		\$20.00

Regarding: STATE VOLUNTEER MUTUAL INSURANCE COMPANY

Filing Type: Nonprofit Corporation - Domestic

Control #: 64774

Formation/Qualification Date: 11/28/1975

Date Formed: 11/28/1975

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: WILLIAMSON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

STATE VOLUNTEER MUTUAL INSURANCE COMPANY

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Nichole Hambrick

Verification #: 028542021