

F230000003992

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

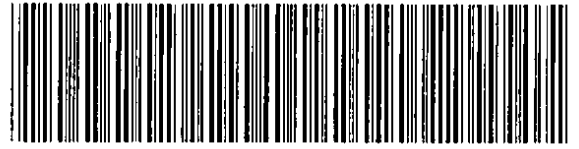
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FILED
2023 JUL 10 PM 2:30
SECRETARY OF STATE

W23-86314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2023

ALINA GREELEY
185 GREENWOOD ROAD
NAPA, CA 94558 US

SUBJECT: HOSPITALS INSURANCE COMPANY, INC.
Ref. Number: W23000086314

We have received your document for HOSPITALS INSURANCE COMPANY, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 823A00013937

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hospitals Insurance Company, Inc.

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:

Alina Greeley

Name of Person

The Doctors Company

Firm/Company

185 Greenwood Road

Address

Napa, CA 94558

City/State and Zip code

alina.greeley@thedoctors.com

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

For further information concerning this matter, please call:

Alina Greeley

707

226-0184

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:

☐ \$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

**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. Hospitals Insurance Company, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. New York 3. 13-3409466
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/31/87 5. Perpetual
(Date of incorporation) (Date of duration, if other than 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. 111 West 33rd Street, 8th Floor
(Principal office address)
- New York, NY 10120
(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)

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.

J. L. K. K. K.

(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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SECRETARY OF STATE
TALLAHASSEE, FL

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

A. DIRECTORS

Chairman: See Attachment

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See Attachment

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. 

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. David A. McHale / Secretary

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

Certificate of Good Standing

STATE OF NEW YORK
DEPARTMENT OF FINANCIAL SERVICES

It is hereby certified that

HOSPITALS INSURANCE COMPANY, INC.

of New York, New York

was incorporated under the Laws of the State of New York on January 14, 1987, under the title of HANY'S INSURANCE COMPANY, INC. and was licensed to transact insurance business in the State of New York on July 31, 1987 under the title of HANY'S INSURANCE COMPANY, INC.;

that it changed its name to HOSPITALS INSURANCE COMPANY, INC. on January 18, 2006.

IT IS HEREBY FURTHER CERTIFIED that the aforesaid Company is duly authorized in the State of New York to transact the business of accident and health, fire, miscellaneous property, water damage, burglary and theft, glass, boiler and machinery, elevator, animal, collision, personal injury liability, property damage liability, workers' compensation and employers' liability, fidelity and surety, credit, motor vehicle and aircraft physical damage, marine and inland marine and marine protection and indemnity insurance as specified in the paragraph(s) 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 19, 20 and 21 of Section 1113(a) of the New York Insurance Law, and also such workers' compensation insurance as may be incident to coverages contemplated under paragraphs 20 and 21 of Section 1113(a), including insurances described in the Longshoremen's and Harbor Workers' Compensation Act (Public Law No. 803, 69 Cong. as amended; 33 USC Section 901 et seq. as amended), and has been continuously licensed and remains in good standing to the date of this certificate.



*** INVALID WITHOUT OFFICIAL SEAL ***

Certificate of Good Standing

STATE OF NEW YORK
DEPARTMENT OF FINANCIAL SERVICES



In Witness Whereof, I have hereunto set my hand
and affixed the official seal of this Department
at the City of Albany, New York, this
2nd day of June, 2023

ADRIENNE A. HARRIS

Superintendent

By

[Signature]

Special Deputy Superintendent

Officer/Director Attachment for Hospitals Insurance Company, Inc.

| NAME | TITLE |
|--|---------------------------|
| Richard E. Anderson, MD 185 Greenwood Road Napa, CA 94558 800-421-2368 | President, CEO, Director |
| Robert E. White, Jr. 12724 Gran Bay Pkwy West Suite 400 Jacksonville, FL 32258 904-354-5910 | Director |
| Marco A. Vanderlaan 185 Greenwood Road Napa, CA 94558 800-421-2368 | CFO, Treasurer, Director |
| Dennis B. Lawton, Ph.D. 185 Greenwood Road Napa, CA 94558 800-421-2368 | Director |
| David A. McHale 901 S. Mopac Expy Bldg. III Suite 350 Austin, TX 78746 800-421-2368 | Secretary, Director |
| Robert A. Kauffman 111 West 33 rd Street 8 th Floor New York, NY 10120 212-891-0700 | Director, Asst. Secretary |
| Noeleen T. Doelger 111 West 33 rd Street 8 th Floor New York, NY 10120 212-891-0700 | Director, Asst. Secretary |
| Donald T. Scanlon 111 West 33 rd Street 8 th Floor New York, NY 10120 212-891-0700 | Director |
| Steven J. Bensinger 185 Greenwood Road Napa, CA 94558 800-421-2368 | Director |
| Charles S. Kolodkin 111 West 33 rd Street 8 th Floor New York, NY 10120 212-891-0700 | Director |
| Eugene M. Bullis 185 Greenwood Road Napa, CA 94558 800-421-2368 | Director |
| Thomas C. Wilson III 185 Greenwood Road Napa, CA 94558 | Chief Investment Officer |

**Officer/Director Attachment for Hospitals Insurance
Company, Inc.**

| NAME | TITLE |
|---|-----------------------|
| 800-421-2368 | |
| Laura A. Kline 185 Greenwood Road Napa, CA 94558 800-421-2368 | Senior Vice President |
| Douglas W. Boltz 185 Greenwood Road Napa, CA 94558 800-421-2368 | Vice President |
| Melissa L. Johnson 111 West 33 rd Street 8 th Floor New York, NY 10120 212-891-0700 | Vice President |
| Douglas C. Will 185 Greenwood Road Napa, CA 94558 800-421-2368 | Vice President |