

F230000006683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

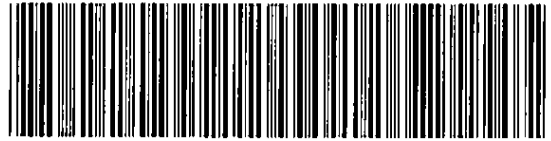
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2023 NOV 27 PM 4:53



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2023

DAVID P. WOODS
2600 DODGE STREET
OMAHA, NE 68131 US

SUBJECT: PHYSICIANS SELECT INSURANCE COMPANY
Ref. Number: W23000150230

We have received your document for PHYSICIANS SELECT 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):

The registered agent must sign accepting the designation.

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.

Andrea Andrews
Regulatory Specialist II

Letter Number: 923A00025640

RECEIVED
NOV 27 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Physicians Select 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:

David P. Woods

Name of Person

Physicians Mutual Insurance Company

Firm/Company

2600 Dodge Street

Address

Omaha, Nebraska 68131

City/State and Zip code

patricia.keairnes@physiciansmutual.com

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

For further information concerning this matter, please call:

Dave Woods

at (402) 633-1136

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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. Physicians Select 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. Nebraska 3. 88-3852401
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 8/18/2022 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. 2600 Dodge Street Omaha, Nebraska 68131
(Principal office street address)
- _____
(Current mailing address, if different)

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.



Stephanie Picco² (Registered agent's signature) Assistant Secretary³

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Robert A. Reed, Jr.
☐ Vice Chairman Address: 2600 Dodge Street
☐ Director Omaha, Nebraska 68131
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☒ Chairman Name: James T. Canedy, MD
☐ Vice Chairman Address: 2600 Dodge Street
☐ Director Omaha, Nebraska 68131
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Edward J. Mullen
☐ Vice Chairman Address: 2600 Dodge Street
☐ Director Omaha, Nebraska 68131
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Senior Vice President ☐ Other _____

☐ Chairman Name: Robert L. Gunia
☐ Vice Chairman Address: 2600 Dodge Street
☐ Director Omaha, Nebraska 68131
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Senior Vice President ☐ Other _____

☐ Chairman Name: David P. Woods
☐ Vice Chairman Address: 2600 Dodge Street
☐ Director Omaha, Nebraska 68131
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Patricia M. Keairnes
☐ Vice Chairman Address: 2600 Dodge Street
☐ Director Omaha, Nebraska 68131
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. David P. Woods

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.

Application by Foreign Corporation for Authorization to Transact Business in Florida
Attachment for 11. List of Primary Officers and/or Directors

Name: Martin M. Mancuso, MD
Title: Board of Directors
Address: 2600 Dodge Street, Omaha, Nebraska 68131

Name: William A. Cutler, III
Title: Board of Directors
Address: 2600 Dodge Street, Omaha, Nebraska 68131

Name: Timothy C. Fitzgibbons, MD
Title: Board of Directors
Address: 2600 Dodge Street, Omaha, Nebraska 68131

Name: Daniel E. Burkey
Title: Board of Directors
Address: 2600 Dodge Street, Omaha, Nebraska 68131

Name: Melissa J. Crawford
Title: Senior Vice President
Address: 2600 Dodge Street, Omaha, Nebraska 68131

Name: Howard G. Daubert
Title: Senior Vice President
Address: 2600 Dodge Street, Omaha, Nebraska 68131

Name: Michael V. Carstens
Title: Vice President
Address: 2600 Dodge Street, Omaha, Nebraska 68131

Name: Nathan Coberly
Title: Vice President
Address: 2600 Dodge Street, Omaha, Nebraska 68131

Name: Rose M. Earlywine
Title: Vice President
Address: 2600 Dodge Street, Omaha, Nebraska 68131

Name: David M. Hahn
Title: Vice President
Address: 2600 Dodge Street, Omaha, Nebraska 68131

Name: Katherine M. Hiemstra
Title: Vice President
Address: 2600 Dodge Street, Omaha, Nebraska 68131

Name: Stephen D. Hubel
Title: Vice President
Address: 2600 Dodge Street, Omaha, Nebraska 68131

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the
State of Nebraska, do hereby certify that

PHYSICIANS SELECT INSURANCE COMPANY

incorporated on August 18, 2022 and is duly incorporated under the law of
Nebraska;

that no occupation taxes due from and assessable against the Corporation are
unpaid and have become delinquent;

that no annual or biennial report required to be forwarded by the
Corporation to the Secretary of State has become delinquent;

that Articles of Dissolution have not been filed.

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices*

In Testimony Whereof,



I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

October 4, 2023

A handwritten signature in black ink, appearing to read "Robert B. Evnen".

Secretary of State