

F99000005778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

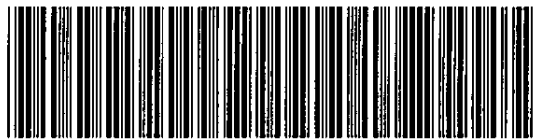
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FF NC
8/2/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Podiatry Insurance Company of America, a Mutual Company
(Name of Corporation)

DOCUMENT NUMBER: F99000005778

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian D. Christian

(Name of Contact Person)

Podiatry Insurance Company of America, a Mutual Company
(Firm/Company)

3000 Meridian Boulevard, Suite 400
(Address)

Franklin, TN 37067

(City/State and Zip Code)

For further information concerning this matter, please call:

Brian D. Christian at (615) 984-2068
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2009

BRIAN D. CHRISTIAN
3000 MERIDIAN BLVD., SUITE 400
FRANKLIN, TN 37067

SUBJECT: PODIATRY INSURANCE COMPANY OF AMERICA, A MUTUAL
COMPANY
Ref. Number: F99000005778

We have received your document for PODIATRY INSURANCE COMPANY OF AMERICA, A MUTUAL COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 409A00026134

Jay - 850 - 245 - 6897

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F99000005778

(Document number of corporation (if known))

1. Podiatry Insurance Company of America, a Mutual Company

(Name of corporation as it appears on the records of the Department of State)

2. Illinois

(Incorporated under laws of)

3. 11/05/1999

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 04/01/2009

5. Podiatry Insurance Company of America

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

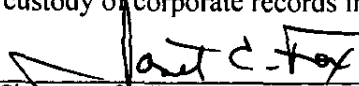
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Janet C. Fox

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

FILED
09 AUG 20 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF ILLINOIS



Department of Financial and Professional Regulation Division of Insurance

WHEREAS, the PODIATRY INSURANCE COMPANY OF AMERICA

(formerly PODIATRY INSURANCE COMPANY OF AMERICA, A MUTUAL

COMPANY) located at **SPRINGFIELD** in the State of **Illinois** was incorporated pursuant to the provisions of the **"Illinois Insurance Code"** applicable to said Company:

NOW, THEREFORE, I the undersigned, Director of Insurance of the State of Illinois, do hereby certify the said Company is authorized to transact its appropriate business as set forth under Clause(s)

(b), (c), (h), (i), (j), (l) of Class 2
(a), (b), (h), (i) of Class 3

of Section 4 of the **"Illinois Insurance Code"** in this State, in accordance with the laws thereof.

DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION of the State of
Illinois;

DATE: April 2, 2009



DIVISION OF INSURANCE

Michael T. Mcraith
MICHAEL T. MCRAITH
Director of Insurance

STATE OF ILLINOIS

DEPARTMENT OF INSURANCE



WHEREAS, the PODIATRY INSURANCE COMPANY OF AMERICA
located at SPRINGFIELD in the State of **Illinois** was incorporated pursuant to
the provisions of the "**Illinois Insurance Code**" applicable to said Company:

NOW, THEREFORE, I the undersigned, Director of Insurance of the
State of Illinois, do hereby certify the said Company is authorized to transact
its appropriate business as set forth under Clause(s)

(b), (c), (h), (i), (j), (l) of Class 2
(a), (b), (h), (i) of Class 3

of Section 4 of the "**Illinois Insurance Code**" in this State, in accordance
with the laws thereof.

DEPARTMENT OF INSURANCE of the State of
Illinois;

DATE: July 17, 2009

Michael T. Mcraith

MICHAEL T. MCRAITH
Director of Insurance

