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(City/State/Zip/Phone #)

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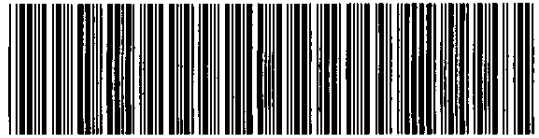
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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B. KOHR
FEB 22 2010
EXAMINER



MAG MUTUAL®
MAG MUTUAL INSURANCE COMPANY

P.O. Box 52979 | Atlanta, Georgia 30355-0797
404.842.5600 | 800.282.4882 | FAX 404.842.5614
www.magmutual.com

February 17, 2010

RECEIVED
DIVISION OF CORPORATIONS
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Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

Re: MAG Mutual Financial Services, LLC
Authorization to Transact Business as a Foreign Corporation

Dear Sir or Madam:

Please accept this letter and the enclosed documents as our complete application for the authorization to transact business for MAG Mutual Financial Services, LLC ("MMFSI"). MMFSI has previously operated as a foreign entity with the name "MAG Mutual Financial Services, Inc". It has recently converted to a limited liability corporation as of December 31, 2009 and has filed the appropriate withdrawal forms for the C Corporation.

We appreciate your assistance on this matter, and if you have any questions, please do not hesitate to contact me at (404) 842-5627 or klett@magmutual.com.

Sincerely,

Katina H. Lett
Staff Attorney

Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAG Mutual Financial Services, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Katina Lett
Name of Person

MAG Mutual Insurance Company
Firm/Company

3525 Piedmont Rd NE, Bldg 8-600
Address

Atlanta, GA 30305-1556
City/State and Zip Code

klett@magmutual.com
E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
10 FEB 18 AM 10:43

For further information concerning this matter, please call:

Katina Lett at (404) 842-5627
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. MAG Mutual Financial Services, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Georgia 3. 58-2242202
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12-31-09 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 3525 Piedmont Rd NE, Bldg 8-600
Atlanta, GA 30305-1556
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

See attached list

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

provides financial services and various health and life benefit plans for physicians

Joseph L. Cregan
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Joseph L. Cregan
Typed or printed name of signee

Managers and Officers
MAG Mutual Financial Services, LLC

Managers:

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
Roy W. Vandiver, M.D.	Manager	3525 Piedmont Road NE, Bldg 8-600 Atlanta, GA 30305
Catherine S. Andrews, M.D.	Manager	3825 Cherokee Street Kennesaw, GA 30144
Benjamin H. Cheek, M.D.	Manager	2000 Hamilton Road Columbus, GA 31904-8927
William C. Collins, M.D.	Manager	6000 Winterthur Dr., N.W. Atlanta, GA 30328
E. Daniel DeLoach, M.D.	Manager	7208 Hodgson Memorial Dr. Savannah, GA 31406
H. Alexander Easley, III M.D.	Manager	1210 North Brown Street Washington, NC 27889
Joseph S. Wilson, Jr., M.D.	Manager	755 Mount Vernon Highway Suite 530 Atlanta, GA 30328

Officers:

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
Darrell O. Grimes	President	3525 Piedmont Road NE, Bldg 8-600 Atlanta, GA 30305
Michael A. Chlon	Vice President	3525 Piedmont Road NE, Bldg 8-600 Atlanta, GA 30305
Marc D. Hammett	Treasurer	3525 Piedmont Road NE, Bldg 8-600 Atlanta, GA 30305
Joseph L. Cregan	Secretary	3525 Piedmont Road NE, Bldg 8-600 Atlanta, GA 30305
Carroll Curry	Assistant Secretary	3525 Piedmont Road NE, Bldg 8-600 Atlanta, GA 30305

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

MAG Mutual Financial Services, LLC

If unavailable, the alternate to be used in the state of Florida is:

N/A

2. The name and the Florida street address of the registered agent and office are:

CT Corporation System

(Name)

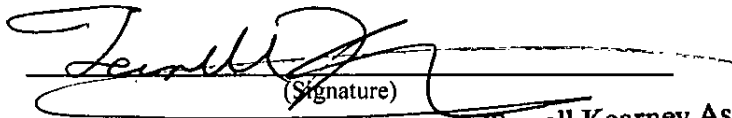
1200 South Pine Island Rd.

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Plantation, FL 33324

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.


(Signature)

Ternell Kearney Asst. Secretary

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Control No. 09088870

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Wesley B. Tailor, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

MAG MUTUAL FINANCIAL SERVICES, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 12/31/2009 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 5th day of January, 2010

Wesley B. Tailor

Wesley B. Tailor
Deputy Secretary of State