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CARL Motes

Requestor's Name  
MAGUIR, KATHLEEN WELLS, P.A.  
2804 Remington Green, CR.  
Address

TALL, FL 32309  
City/State/Zip Phone #

900001992398-15  
-10/31/96--01072--013  
\*\*\*\*131.25 \*\*\*\*131.25

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Florida Preferred Mutual Insurance Company  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time \_\_\_\_\_  
☐ Mail out ☒ Will wait ☐ Photocopy

☒ Certified Copy  
☒ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

SECRET  
TALLAHASSEE, FLORIDA  
96 OCT 28 PM 12:54  
96 OCT 28 PM 12:23  
DIVISION OF CORPORATION

224-1776

B. REGISTER OCT 28 1996

ARTICLES OF INCORPORATION  
OF  
FLORIDA PREFERRED MUTUAL INSURANCE COMPANY

FILED  
96 OCT 28 PM 12:54  
STATE  
OFFICE OF THE CLERK  
TALLAHASSEE, FLORIDA

The undersigned incorporators to these Articles of Incorporation, natural persons over the age of eighteen (18) years, competent to contract and all of whom are citizens of the United States of America, hereby form a for profit domestic mutual insurer under the laws of the State of Florida.

ARTICLE I

NAME

The name of the COMPANY shall be **FLORIDA PREFERRED MUTUAL INSURANCE COMPANY**. The principal place of business shall be **7250 Beneva Road, Sarasota, Florida**.

ARTICLE II

NATURE OF BUSINESS

The COMPANY is being formed to accept and retain all of the assets and liabilities of the Florida Preferred Risk Self-Insurers' Fund, which was established in 1990 under the provisions of Chapter 440, Florida Statutes, pursuant to a plan of reorganization adopted under the authority of §628.161(6), Florida Statutes (1995), and to initially provide workers' compensation insurance, in the form of assessable or non-assessable policies, and any business activities pertaining to the provision of such insurance or incidental thereto, and any other business activities authorized by the

### **ARTICLE III**

#### **MEMBERS**

Each policyholder of the COMPANY or policyholders of Florida Preferred Risk Self-Insurers' Fund whose assets and liabilities have been assumed by the COMPANY pursuant to §628.161(6), Florida 1995), shall be a member of the COMPANY. Each member shall be entitled to one vote at the meetings of the members for each policy of insurance in force on the appropriate date as determined by the bylaws.

### **ARTICLE IV**

#### **CONTINGENT LIABILITY**

No member shall have any contingent liability as to any non-assessable policy issued pursuant to Chapter 628.341, Florida Statutes (1995). The maximum contingent liability of the members of the COMPANY, as to other than non-assessable policies, shall be no more than three (3) times the premium for the member's policy at the annual premium rate for a term of one (1) year.

### **ARTICLE V**

#### **TERM OF EXISTENCE**

The COMPANY shall exist perpetually.

### **ARTICLE VI**

#### **INITIAL REGISTERED AGENT**

The initial registered agent of the COMPANY shall be Thomas E. Caine, 7250 Beneva Road, Sarasota, Florida 34238, who upon accepting this designation agrees to comply with the provision

of Section 48.091, Florida Statutes, as amended from time to time, with respect to keeping an office open to receive service of process from the Treasurer and Insurance Commissioner of the State of Florida.

## ARTICLE VII

### DIRECTORS

Section 1. The COMPANY shall have five (5) directors initially, all of whom are United States citizens and all of whom are over the age of eighteen (18). The names and street addresses of the directors whose initial terms of office shall be as provided for in the Dylaws are:

Tedson M. Caine	7250 Beneva Road, Sarasota, Florida 34238
Todd W. Emrich	7250 Beneva Road, Sarasota, Florida 34238
Thomas E. Caine	7250 Beneva Road, Sarasota, Florida 34238
Melvin E. Mullet	7250 Beneva Road, Sarasota, Florida 34238
Douglas E. Garthwait	7250 Beneva Road, Sarasota, Florida 34238

Section 2. All corporate powers shall be exercised by or under the authority of the directors and the business affairs of the COMPANY shall be managed and administered pursuant to the policies adopted by the directors.

Section 3. The Board of Directors of the COMPANY shall: (a) be responsible to members of the COMPANY; (b) appoint independent certified public accountants and actuaries, as needed, and may appoint, hire or retain such other experts, professionals or other persons as the directors may deem appropriate from time to time; (c) approve the payment of dividends to member;

(d) approve changes in corporate structure; and (e) perform such other duties as may be appropriate in exercising its corporate powers.

Section 4. The qualification, election and tenure of the directors shall be provided for in the Bylaws.

Section 5. Directors may be removed by the members only for cause.

## **ARTICLE VIII**

### **INDEMNIFICATION**

The Board of Directors is hereby specifically authorized to make provisions for indemnification of directors, officers, employees and agents to the full extent permitted by law.

## **ARTICLE IX**

### **PARTICIPATING POLICIES**

Pursuant to §628.361, Florida Statutes (1995), as amended from time to time, the COMPANY may issue any or all of its policies with or without participation in profits, savings, or unabsorbed portions of premiums, may classify policies issued on a participating or non-participating basis, and may determine the right to participate and the extent of participation of any class or classes of policies.

## **ARTICLE X**

### **INCORPORATORS**

The names and addresses of the incorporators, all of whom are over the age of eighteen (18) and all of whom are citizens of the United States, are:

Tedson M. Caine	7250 Beneva Road, Sarasota, Florida 34238
Todd W. Enrieh	7250 Beneva Road, Sarasota, Florida 34238
Thomas E. Caine	7250 Beneva Road, Sarasota, Florida 34238
Douglas E. Garthwait	7250 Beneva Road, Sarasota, Florida 34238
Julia J. Caine	7250 Beneva Road, Sarasota, Florida 34238
Susan K. Caine	7250 Beneva Road, Sarasota, Florida 34238
Mary Jo Altman	7250 Beneva Road, Sarasota, Florida 34238
Deborah A. Myers	7250 Beneva Road, Sarasota, Florida 34238
Christopher L. Hill	7250 Beneva Road, Sarasota, Florida 34238
Andrew E. Lockwood	7250 Beneva Road, Sarasota, Florida 34238

#### ARTICLE XI

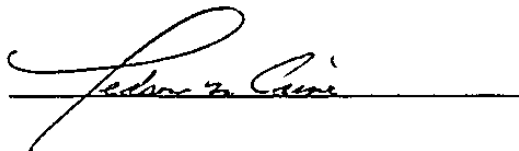
#### AMENDMENT

The COMPANY may amend its Articles of Incorporation, subject to the provisions in §628.111, Florida Statutes (1995), as amended from time to time, by vote of a majority of those members present or represented by proxy at a lawful meeting of the members provided that the notice given members included due notice of the proposal to amend.

IN WITNESS WHEREOF, the Incorporators have hereunder set their hands and seals this

21st day of October, 1996.

Tedson M. Caine



Todd W. Enrich

Todd W. Enrich

Thomas E. Caine

Thomas E. Caine

Douglas E. Garthwait

A Douglas E. Garthwait

Julia J. Caine

Julia J. Caine

Susan K. Caine

Susan K. Caine

Mary Jo Altman

Mary Jo Altman

Deborah A. Myers

Deborah A. Myers

Christopher L. Hill

Christopher L. Hill

Andrew E. Lockwood

Andrew E. Lockwood

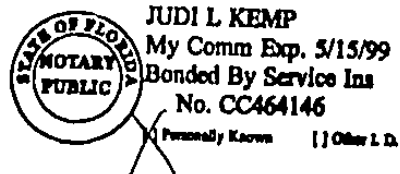
Tedson M. Caine  
Tedson M. Caine, President

STATE OF FLORIDA  
COUNTY OF Sarasota

The foregoing instrument was executed before me this 21 day of October, 1996, by Tedson M. Caine, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did take an oath.

Judi L. Kemp  
NOTARY PUBLIC  
State of Florida at Large  
Judi L. Kemp  
Name of Officer taking acknowledgment  
(Typed, printed or stamped)

Commission Number: CC 464146  
My Commission Expires: 5-15-99





Todd W. Emrich  
Todd W. Emrich

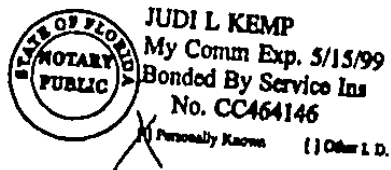
STATE OF FLORIDA  
COUNTY OF Shasta

The foregoing instrument was executed before me this 21 day of October, 1996, by Todd E. Emrich, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did take an oath.

Judi L. Kemp  
NOTARY PUBLIC  
State of Florida at Large

Judi L. Kemp  
Name of Officer taking acknowledgment  
(Typed, printed or stamped)

Commission Number: CC464146  
My Commission Expires: 5-15-99



Thomas E. Calne  
Thomas E. Calne

STATE OF FLORIDA

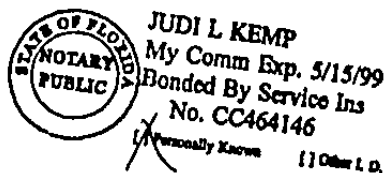
COUNTY OF Sarasota

The foregoing instrument was executed before me this 21 day of October, 1996, by Thomas E. Calne, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did take an oath.

Judi L. Kemp  
NOTARY PUBLIC  
State of Florida at Large

Judi L. Kemp  
Name of Officer taking acknowledgment  
(Typed, printed or stamped)

Commission Number: CC464146  
My Commission Expires: 5-15-99



### ACCEPTANCE OF REGISTERED AGENT

Having been named to accept service of process from the Treasurer and Insurance Commissioner of the State of Florida for FLORIDA PREFERRED MUTUAL INSURANCE COMPANY, at the place designated in the Articles of Incorporation, THOMAS E. CAINE agrees to act in this capacity and agrees to comply with the provisions of Section 48.091, Florida Statutes, relative to keeping open such office.

Dated this 21 day of October, 1996.

Thomas E. Caine

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FILED  
96 OCT 28 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Florida Preferred Mutual Insurance Co.

2. The name and address of the registered agent and office is:

State Treasurer and Insurance Commissioner, The Capitol  
(P.O. BOX NOT ACCEPTABLE)

Tallahassee, Florida 32399-0300  
(CITY/STATE/ZIP)

SIGNATURE

*John A. Carr*  
(corporate officer)

TITLE President

DATE October 21, 1996

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.0501, FLORIDA STATUTES.

SIGNATURE State Treasurer and Insurance Commissioner

DATE \_\_\_\_\_

RECEIVED  
OCT 22 PM 3 36  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE