F0000003138

5.

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: PACO Assurance 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", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

500003272655--1
-05/31/00--01038--002
*****87.50 *****87.50

Please return all correspondence concerning this matter to the following:

Janet C. Fox
(Name of Person)

PACO Assurance Company, Inc.
(Firm/Company)

110 Westwood Place, Suite 100
(Address)

Brentwood, TN 37027
(City/State/Zip)

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00 MAY 31 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Should you need to call someone concerning this matter, please call:

Janet C. Fox (Name of Person) at (615) 371-8776, ext. 275 (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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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. PACO Assurance Company, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Illinois
(State or country under the law of which it is incorporated)

3. 36-3998471
(FEI number, if applicable)

4. 12-21-94
(Date of incorporation)

5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. N/A - application pending
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 110 Westwood Place, Suite 100
Brentwood, TN 37027
(Current mailing address)

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TALLAHASSEE, FLORIDA

8. Insurance Company
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Florida Commissioner of Insurance

Office Address: The Capitol

Tallahassee, Florida, 32399
(Zip code)

10. **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.

(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Please see attached list

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Please see attached list

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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00 MAY 31 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Jerry D. Brant, DPM, Chairman and President
(Typed or printed name and capacity of person signing application)

PODIATRY INSURANCE COMPANY OF AMERICA
(RISK RETENTION GROUP), A MUTUAL COMPANY
PICA MANAGEMENT RESOURCES
PROFESSIONAL FINANCIAL ADVISORS
PICA SERVICES NETWORK
PACO ASSURANCE COMPANY

Application by Foreign Corporation for Authorization to Transact Business in Florida

Items 12 A (Directors) and 12 B (Officers)

PACO BOARD OF DIRECTORS

Jerry D. Brant, DPM
Chairman and President
110 Westwood Place, Suite 100
Brentwood, TN 37027

Donald Hugar, DPM
Vice President
Hugar Foot & Ankle Specialist
1614 N. Harlem Avenue
Elmwood Park, IL 60707-4395

Jeffrey Crowhurst, DPM
Secretary
Foot Clinic of Ottawa
1703 Polaris Circle
Ottawa, IL 61350-1621

Abraham P. Cheij, Jr.
Treasurer
110 Westwood Place, Suite 100
Brentwood, TN 37027

Robert C. Miklos, DPM
6634 W. Archer Avenue
Chicago, IL 60638

Adam P. Wilczek
110 Westwood Place, Suite 100
Brentwood, TN 37027

G. Scott Whitaker
110 Westwood Place, Suite 100
Brentwood, TN 37027

PACO OPERATING OFFICER

Janet C. Fox
Assistant Secretary
110 Westwood Place, Suite 100
Brentwood, TN 37027

STATE OF ILLINOIS

DEPARTMENT OF INSURANCE

Whereas, the PACO Assurance Company, Inc.

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 that 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.

FILED
MAY 23 PM 11:53
SECRETARY OF STATE
SPRINGFIELD, ILLINOIS

In Testimony Whereof, I hereto set my hand and cause to be affixed the Seal of my office. Done at the City of Springfield, this 23rd day of May, 2000

Nat Shapo

Nathaniel S. Shapo, *Director of Insurance*

IL446-0077 (9/99)
Certificate of Compliance-Domestic Companies