

F010000004033

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Professional Solutions 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", 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:

Joanne Blizzard, Compliance Analyst 780084587277--7
(Name of Person) -07/30/01--01101--007
*****70.00 *****70.00

NCMIC Group
(Firm/Company)

1452 29th Street
(Address)

West Des Moines, Iowa 50266-1307
(City/State and Zip code)

For further information concerning this matter, please call:

Joanne Blizzard at (515) 222-2925
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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. Professional Solutions Insurance Company
(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. Iowa 3. 42-1520773
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 26, 2001 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1452 29th St. - West Des Moines, Iowa 50266-1307
(Principal office address)

P.O. Box 9118 - Des Moines, Iowa 50306-9118
(Current mailing address)

8. property/casualty insurance
(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)

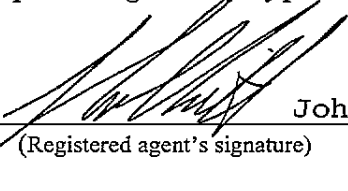
Name: NRAI Services, Inc.

Office Address: 526 E. Park Ave.

Tallahassee, Florida 32301
(City) (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) John Christel Vice Pres.
of NRAI

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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____ * see attached list *

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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RECORDING DIVISION
TALLAHASSEE FLORIDA

B. OFFICERS

President: _____ * see attached list *

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. _____
Roger L. Schlueter, Treasurer
(Typed or printed name and capacity of person signing application)

Officers and Directors of Professional Solutions Insurance Company

<u>Name</u>	<u>Title</u>	<u>Mailing Address</u>
Officers:		
Elizabeth A. Kincaid	President	1452 29 th Street West Des Moines, IA 50266-1307
Amy R. Albaugh	Secretary	1452 29 th Street West Des Moines, IA 50266-1307
Roger L. Schlueter	Treasurer	1452 29 th Street West Des Moines, IA 50266-1307
Scott W. McEntee	Asst. Treasurer	1452 29 th Street West Des Moines, IA 50266-1307

Directors:

Arnold E. Cianciulli	940 Avenue C Bayonne, New Jersey
Kent M. Forney	801 Grand Avenue, Suite 3700 Des Moines, Iowa
Elizabeth A. Kincaid	1452 29 th Street West Des Moines, IA 50266-1307
Marino R. Passero, DC	98 East Avenue Norwalk, Connecticut
Louis Sportelli, DC	1452 29 th Street West Des Moines, IA 50266-1307

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No. 00132628
Date: 07/17/2001

490 DP-00025 **SECRETARY OF STATE**
NCMIC INSURANCE COMPANY
ATTN: HEATHER WEST
1452 29TH STREET STE 102
WEST DES MOINES, IA 50266

CERTIFICATE OF EXISTENCE

Name: PROFESSIONAL SOLUTIONS INSURANCE COMPANY
Begin date: 20010511
Expiration: PERPETUAL

I, CHESTER J. CULVER, secretary of state of the state of Iowa, custodian of the records of incorporations, certify that the corporation is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report has been filed by the secretary of state, and that articles of dissolution have not been filed.

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ALABAMA



Chit Culver

CHESTER J. CULVER

SECRETARY OF STATE



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