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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

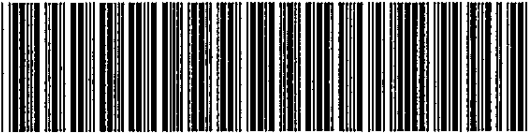
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TALLAHASSEE, FLORIDA

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NCMIC Group, Inc.

14001 University Avenue, Clive, Iowa 50325-8258
Local 515-313-4500 Toll-Free 800-321-7015

- NCMIC Insurance Company
- NCMIC Finance Corporation
- Professional Solutions Insurance Company
- NCMIC Insurance Services

March 13, 2006

Florida Department of State
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Professional Solutions Insurance Services, Inc.
FEIN: 20-4073364
Application by Foreign Corporation for Authorization
to Transact Business in Florida

To Whom It May Concern:

Please find enclosed the following items necessary to register Professional Solutions Insurance Services, Inc. to transact business in Florida:

- Cover Letter
- Application by Foreign Corporation for Authorization to Transact Business in Florida
- List of Officers and Directors
- Check #20818 in the amount of \$78.75 as payment of the filing and certificate fees
- Original Certificate of Existence duly authorized within ninety (90) days
- Postage Paid Return Envelope

If you have any questions please feel free to contact me toll free at 1-800-321-7015 extension 4525 or via email at nhenn@ncmic.com. Thank you for your attention to this matter.

Sincerely,

Nathan Henn
Compliance Analyst

Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Professional Solutions Insurance Services, 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.

Please return all correspondence concerning this matter to the following:

Nathan Henn, Compliance Analyst

(Name of Person)

NCMIC Group, Inc.

(Firm/Company)

14001 University Avenue

(Address)

Clive, IA 50325-8258

(City/State and Zip code)

For further information concerning this matter, please call:

Nathan Henn

(Name of Person)

at (800) 321-7015 ext. 4525

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

New Filing 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

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

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IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUMMARIZED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA, TALLAHASSEE, FLORIDA

1. Professional Solutions Insurance Services, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Iowa 3. 20-4073361
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/13/2006 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 14001 University Avenue - Clive, IA 50325-8258
(Principal office address)
- 14001 University Avenue - Clive, IA 50325-8258
(Current mailing address)

8. Multiple Line Property & Casualty Insurance Sales

(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 NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 2731 Executive Park Drive, Suite 4

Weston, Florida 33331
(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.

Tommy Christopher VP of NRAI
(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 business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: Please see the attached list of Officers and Directors

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Please see the attached list of Officers and Directors

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 Director or Officer listed in number 12 of the application)

14. Rod Warren, President

(Typed or printed name and capacity of person signing application)

Officers of Professional Solutions Insurance Services, Inc.

| <u>Name</u> | <u>Title</u> | <u>Business Address</u> | <u>Business Phone</u> |
|-----------------|---------------------|---|-----------------------|
| Rod Warren | President | 14001 University Avenue Clive, IA 50325-8258 | (515) 313-4600 |
| Roger Schlueter | Corporate Secretary | 14001 University Avenue Clive, IA 50325-8258 | (515) 313-4549 |
| Bruce Beal | Vice President | 14001 University Avenue Clive, IA 50325-8258 | (515) 313-4516 |
| Joe Soda | Assistant V.P. | 14001 University Avenue Clive, IA 50325-8258 | (515) 313-4573 |

Directors of Professional Solutions Insurance Services, Inc.

| <u>Name</u> | <u>Title</u> | <u>Business Address</u> | <u>Business Phone</u> |
|-----------------|--------------|---|-----------------------|
| Rod Warren | Director | 14001 University Avenue Clive, IA 50325-8258 | (515) 313-4600 |
| Roger Schlueter | Director | 14001 University Avenue Clive, IA 50325-8258 | (515) 313-4549 |
| Bruce Beal | Director | 14001 University Avenue Clive, IA 50325-8258 | (515) 313-4516 |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**IOWA SECRETARY OF STATE
CHESTER J. CULVER**



Date: 03/01/2006

CERTIFICATE OF EXISTENCE

Name: PROFESSIONAL SOLUTIONS INSURANCE SERVICES, INC. (490 DP - 322337)
Date of Incorporation: 1/13/2006
Duration: PERPETUAL

I, CHESTER J. CULVER, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate 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.

Certificate ID: CS4849

To validate this certificate please visit
the following web site and enter the certificate ID.

www.sos.state.ia.us/ValidateCertificate


CHESTER J. CULVER SECRETARY OF STATE