

F11000005045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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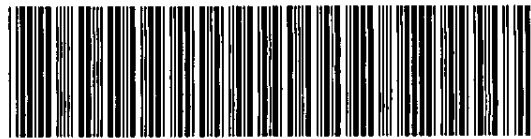
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 19 2011

CSC.

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 029051 2827A

AUTHORIZATION

COST LIMIT : \$ 18.75

ORDER DATE : December 16, 2011

ORDER TIME : 11:50 AM

ORDER NO. : 029051-005

CUSTOMER NO: 2827A

FOREIGN FILINGS

NAME: PROASSURANCE GROUP SERVICES
CORPORATION

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes -- EXT# 2920

EXAMINER: _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ProAssurance Group Services Corporation

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," or "Certificate of Good Standing" 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:

Christy Floyd

Name of Person

Burr & Forman LLP

Firm/Company

420 North 20th Street, Suite 3400

Address

Birmingham, Alabama 35203

City/State and Zip code

kneville@proassurance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christy Floyd

Name of Person

at (205) 458-5342

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

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TALLAHASSEE, FLORIDA

**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. ProAssurance Group Services Corporation

(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. Alabama

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

3. 63-1285505

(FEI number, if applicable)

4. October 23, 2001

(Date of incorporation)

5. Perpetual

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

6. upon registration

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

7. 100 Brookwood Place, Birmingham, Alabama 35209

(Principal office address)

100 Brookwood Place, Birmingham, Alabama 35209

(Current mailing address)

8. management company for an insurance holding group

(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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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.

Stephanie Milnes Asst. V.P.

(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:

A. DIRECTORS

Chairman: See attached Exhibit A.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached Exhibit A.

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Kathryn A. Neville
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Kathryn A. Neville - Secretary

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

EXHIBIT A

**ProAssurance Group Services Corporation
Officers and Directors**

Officers

W. Stancil Starnes	Chairman
Victor T. Adamo	President
Edward L. Rand, Jr.	Treasurer
Kathryn A. Neville	Vice President/Secretary
Kelly B. Brewer	Vice President/Assistant Treasurer
Howard H. Friedman	Vice President/Assistant Treasurer/Assistant Secretary
Jeffrey P. Lisenby	Vice President/Assistant Secretary
Clay H. Shaw	Vice President
Hayes V. Whiteside	Vice President
Lizabeth F. Brott	Vice President
Karen A. Everitt	Vice President
Renee M. Rodenbur	Vice President
Darryl K. Thomas	Vice President

Board of Directors

W. Stancil Starnes
Victor T. Adamo
Edward L. Rand, Jr.

Business Address for all Officers and Directors:
100 Brookwood Place
Birmingham, AL 35209

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TALLAHASSEE, FLORIDA

Beth Chapman
Secretary of State

P. O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, Beth Chapman, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that ProAssurance Group Services Corporation was formed in Jefferson County, Alabama on October 23, 2001. The Alabama Entity Identification number for this entity is 219-567. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

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TALLAHASSEE, FLORIDA



20111209000005149

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

12/9/2011

Date

Beth Chapman

Beth Chapman

Secretary of State