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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

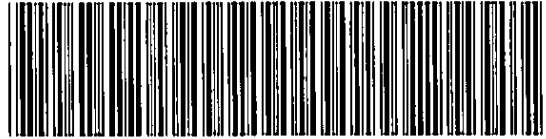
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ProTucket 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," 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:

Fred Koppenheffer

Name of Person

ProTucket Insurance Company

Firm/Company

P. O. Box 22008

Address

York, PA 17402

City/State and Zip code

fred.koppenheffer@pro-global.com

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

For further information concerning this matter, please call:

Albert Miller

717 840-2402
at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

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

**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. ProTucket Insurance Company
(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. Rhode Island 3. 81-5375941
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. February 24, 2017 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
no business transacted in FL to date
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 521 5th Ave., Ste 630, New York, NY 10175
(Principal office address)
- P. O. Box 22008, York, PA 17402
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Thomas Cunningham

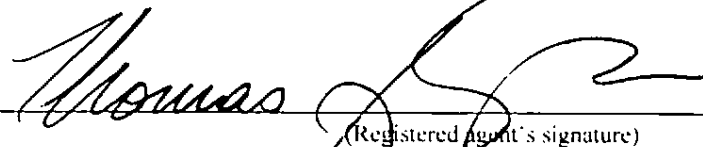
Office Address: 777 South Flagler Drive – East Tower Suite 215

West Palm Beach, Florida 33401
(City) (Zip code)

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9. 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)

10. 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.

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

A. DIRECTORS

Chairman: Artur Niemczewski

Address: 88 Leadenhall Street
London, EC3A 3BP, United Kingdom

Vice Chairman:

Address:

Director: Mory Katz

Address: 521 5th Ave., Ste 630
New York, NY 10175

Director: Susan Lee

Address: 521 5th Ave., Ste 630
New York, NY 10175

B. OFFICERS

President: Mory Katz

Address: 521 5th Ave., Ste 630
New York, NY 10175

Vice President: Andrew Donnelly

Address: Southgate House, Southgate Street
Gloucester, GL1 1UB, United Kingdom

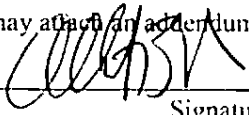
Secretary: Albert Miller

Address: 3501 Concord Road, Ste 120, York, PA 17402

Treasurer: Andrew Donnelly

Address: Southgate House, Southgate Street, Gloucester, GL1 1UB, United Kingdom

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

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Albert B. Miller, Secretary

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

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**ADDENDUM TO APPLICATION BY FOREIGN CORPORATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

Directors:

Artur Niemczewski
88 Leadenhall Street
London, EC3A 3BP
United Kingdom

Richard Lawson
88 Leadenhall Street
London, EC3A 3BP
United Kingdom

Marvin Mohn
1 Royal Exchange Ave.
Floor 3, Suite 306
London, EC3V 3LT
United Kingdom

Officers:

Richard Lawson – Vice President
88 Leadenhall Street
London, EC3A 3BP
United Kingdom

Marvin Mohn – Vice President
1 Royal Exchange Ave.
Floor 3, Suite 306
London, EC3V 3LT
United Kingdom

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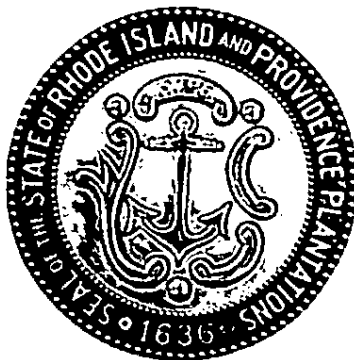
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF BUSINESS REGULATION
INSURANCE DIVISION
1511 Pontiac Avenue, Building #69-2, Cranston, RI 02920

TO WHOM IT MAY CONCERN:

The undersigned, **Elizabeth Kelleher Dwyer**, Superintendent of Insurance in the State of Rhode Island, hereby certifies that

ProTucket Insurance Company

a Rhode Island domestic insurance company located in the City of New York in the State of New York is duly organized and licensed under the laws of the State of Rhode Island, in good standing and authorized to transact the business of all lines of insurance except life, annuities, title, mortgage guaranty and financial guaranty insurance, in the State of Rhode Island.



In Witness Whereof. I hereunto set my hand and
affix the official seal of this Department of this **28th**
day of **September** A.D. **2018**.

Elizabeth Kelleher Dwyer
Superintendent of Insurance