

F18000005581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

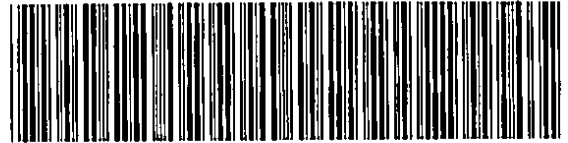
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100321164011

11/29/18--01019--006 ♦♦78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 NOV 29 PM 12:25

## COVER 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," 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:

Juli Frank, Compliance Consultant

\_\_\_\_\_  
Name of Person

Professional Solutions Insurance Company

\_\_\_\_\_  
Firm/Company

14001 University Avenue

\_\_\_\_\_  
Address

Clive, IA 50325

\_\_\_\_\_  
City/State and Zip code

jfrank@ncmic.com

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

For further information concerning this matter, please call:

Juli Frank

515

313-4557

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:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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.*

Professional Solutions Insurance Company

1. \_\_\_\_\_

(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. 42-1520773

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/11/01 5. perpetual

(Date of incorporation) (Date of duration, if other than 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

(Principal office address)

P.O. Box 9118 - Des Moines, IA 50306-9118

(Current mailing address, if different)

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

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.*

NRAI Services, Inc. Phally Sea Phally Sea, Assistant Secretary

(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.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 NOV 29 PM 12:25

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

**A. DIRECTORS**

Chairman: see attached list

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**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.

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. Emily Drake, Secretary/Legal Compliance Officer/Dir. of Compliance

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 NOV 29 PM 12:25

**Officers of Professional Solutions Insurance Company**

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
Mike McCoy	President	14001 University Avenue - Clive, IA 50325
Matt Gustafson	Treasurer	14001 University Avenue - Clive, IA 50325
Bruce Beal	Senior Vice President	14001 University Avenue - Clive, IA 50325
Tom Riley	CFO	14001 University Avenue - Clive, IA 50325
Emily Drake	Secretary/Legal Compliance Officer/Dir. of Compliance	14001 University Avenue - Clive, IA 50325
Joe Soda	Asst. Vice President	14001 University Avenue - Clive, IA 50325
Keith Henaman	Vice President	14001 University Avenue - Clive, IA 50325
David Siebert	Senior Vice President	14001 University Avenue - Clive, IA 50325
AJ Simpson	Vice President	14001 University Avenue - Clive, IA 50325
Traci Galligan	Vice President	14001 University Avenue - Clive, IA 50325
James West	Vice President	14001 University Avenue - Clive, IA 50325
Melissa Knutson	Vice President	14001 University Avenue - Clive, IA 50325

**Directors of Professional Solutions Insurance Company**

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
David Siebert	Director	14001 University Avenue - Clive, IA 50325
Matt Gustafson	Director	14001 University Avenue - Clive, IA 50325
Bruce Beal	Director	14001 University Avenue - Clive, IA 50325
Gregory Cole	Director	14001 University Avenue - Clive, IA 50325
Judy Bohrofen	Director	14001 University Avenue - Clive, IA 50325
Eric Madcharo	Director	14001 University Avenue - Clive, IA 50325
Mike McCoy	Director	14001 University Avenue - Clive, IA 50325
Cindy Pearce-Karrick	Director	14001 University Avenue - Clive, IA 50325

16 NOV 29 PM 12:25

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**IOWA SECRETARY OF STATE  
PAUL D. PATE**



**CERTIFICATE OF EXISTENCE**

Date: 11/15/2018

Name: PROFESSIONAL SOLUTIONS INSURANCE COMPANY (490 DP - 253023)

Date of Incorporation: 5/11/2001

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

Certificate ID: CS158937

To validate certificates visit:

[sos.iowa.gov/ValidateCertificate](http://sos.iowa.gov/ValidateCertificate)

A handwritten signature in black ink, reading "Paul D. Pate".

Paul D. Pate, Iowa Secretary of State