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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

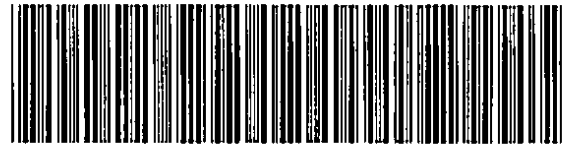
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT
JANUARY 4 2022

T. LEMIEUX

JAN - 4 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Investment Distributors, 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," 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:

Sarah E. Waltermire

Name of Person

Mitchell Williams

Firm/Company

4206 South J.B. Hunt Drive, Suite 200

Address

Rogers, Arkansas 72758

City/State and Zip code

julena.johnson@protective.com

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

For further information concerning this matter, please call:

Sarah E. Waltermire

at (479)

464-5661

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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. Investment Distributors, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- PLIC Insurance Services, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Tennessee 3. 63-1100710
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08/30/1993 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2801 Highway 280 South, Birmingham, Alabama 35223
(Principal office street address)
- 2801 Highway 280 South, Birmingham, Alabama 35223
(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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21 DEC 21 AM 10:53

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.

Nichol McCroy Nichol McCroy 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: James Wagner
☐ Vice Chairman Address: 2801 Highway 280 South
☒ Director Birmingham, Alabama 35223
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Scott Creutzmann
☐ Vice Chairman Address: 2801 Highway 280 South
☒ Director Birmingham, Alabama 35223
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

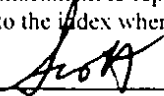
☐ Chairman Name: Victoria Hicks
☐ Vice Chairman Address: 2801 Highway 280 South
☐ Director Birmingham, Alabama 35223
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Principal Officer ☐ Other _____

☐ Chairman Name: Felicia Lee
☐ Vice Chairman Address: 2801 Highway 280 South
☐ Director Birmingham, Alabama 35223
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Jason Lippeatt
☐ Vice Chairman Address: 2801 Highway 280 South
☐ Director Birmingham, Alabama 35223
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Principal Officer ☐ Other _____

☐ Chairman Name: Darren Guerrero
☐ Vice Chairman Address: 2801 Highway 280 South
☐ Director Birmingham, Alabama 35223
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Officer ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. Scott Creutzmann, Director
(Typed or printed name and capacity of person signing application)



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

MITCHELL WILLIAMS
SARAH E. WALTERMIRE
SUITE 200
4206 SOUTH JB HUNT DRIVE
ROGERS, AR 72758

December 1, 2021

Request Type: Certificate of Existence/Authorization
Request #: 0448033

Issuance Date: 12/01/2021
Copies Requested: 1

Document Receipt

Receipt # : 006750124

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3819180258

\$20.00

Regarding: INVESTMENT DISTRIBUTORS, INC.

Filing Type: For-profit Corporation - Domestic

Control # : 269692

Formation/Qualification Date: 08/30/1993

Date Formed: 08/30/1993

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

INVESTMENT DISTRIBUTORS, INC.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 050207111