

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Primary Care Insurance, a Risk Retention Group, 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:

Yan Lu

Name of Person

Risk Services, LLC

Firm/Company

1605 Main Street Suite 800

Address

Sarasota, FL, 34236

City/State and Zip code

ylu@pboa.com

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

For further information concerning this matter, please call:

Yan Lu

at (941) 373 - 1111

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. Primary Care Insurance, a Risk Retention Group, 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. Alabama 3. 85-4247055
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/23/2020 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 445 Dexter Avenue, Ste. 9075, Montgomery, AL 36104
(Principal office street address)
c/o Risk Services, 1605 Main Street, Suite 800 Sarasota, FL 34236
(Current mailing address, if different)

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

Name: Florida Chief Financial Officer
Office Address: FLOIR, 200 East Gaines Street
Tallahassee, Florida 323
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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. 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: Blake Thompson
 Vice Chairman Address: 32107 Lindero Cyn Rd Ste 228
 Director Westlake Village, Ca 91361
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: B. Troy Winch
 Vice Chairman Address: 1605 Main Street, Suite 800
 Director Sarasota, FL 34236
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Michel De Lecq Marguerie
 Vice Chairman Address: Suite 313, 22 Church Street
 Director Hamilton, Bermuda
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Douglas Bryan Hughes
 Vice Chairman Address: 949 Mountain Branch Drive
 Director Vestavia, AL 35226
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Justin Pizzola
 Vice Chairman Address: 699 Hampshire Rd., Ste 204
 Director Westlake Village, CA 91361
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Cathy Miller
 Vice Chairman Address: 5011 Pacific Village Drive
 Director Carpintera, CA 93013
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ 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. Troy Winch, Secretary
 (Typed or printed name and capacity of person signing application)

John H. Merrill
Secretary of State

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

STATE OF ALABAMA

I, John H. Merrill, 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 Primary Care Insurance, a Risk Retention Group, Inc. was formed in Alabama, Alabama on November 23, 2020.

The Alabama Entity Identification number for this entity is 822-303. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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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.

12/20/2021

Date

John H. Merrill

Secretary of State