

F22000001051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

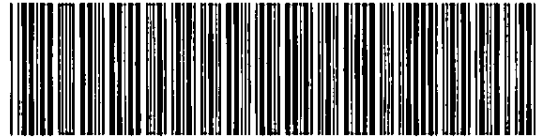
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. LEMIEUX
FEB 21 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PracticeProtection Insurance Company (A Risk Retention Group)
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:

William Saunders Bliss

Name of Person

PracticeProtection Insurance Services, LLC

Firm/Company

13241 Bartram Park Blvd, Suite 113

Address

Jacksonville, FL 32258

City/State and Zip code

sbliss@practiceprotection.com

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

For further information concerning this matter, please call:

William Saunders Bliss

at (888) 217-2779

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**

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. PracticeProtection Insurance Company (a Risk Retention Group)
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- PPIC (a Risk Retention Group)
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Alabama 3. 82-2051541
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Vermont 6/14/17. Redomesticated to AL 7/22/2021 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. July 22, 2021
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2100 Southbridge Parkway, Suite 650, Birmingham, AL 35209
(Principal office street address)
- 13241 Bartram Park Blvd, Suite 113, Jacksonville, FL 32258
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: William Saunders Bliss
- Office Address: 13241 Bartram Park Blvd, Suite 113
Jacksonville, Florida 32258
(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.


(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: Michael John Wallace
☐ Vice Chairman Address: 780 E. Dorchester Drive
☒ Director Saint Johns, FL 32259
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Kevin Joseph Alexander
☐ Vice Chairman Address: 3416 Springhill Road
☒ Director Mountain Brook, AL 35223
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

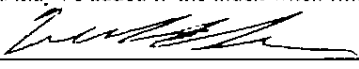
☐ Chairman Name: Michael Tudor Smith
☐ Vice Chairman Address: 965 Fawn View Drive
☒ Director Carmel, IN 46032
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Eric John Stetzel
☐ Vice Chairman Address: 3202 Sterling Ridge Cove
☒ Director Fort Wayne, IN 46825
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Cory Edward Brown
☐ Vice Chairman Address: 2544 Holley Court
☒ Director Navarre, FL 32566
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: William Saunders Bliss
☐ Vice Chairman Address: 3311 Park Street
☐ Director Jacksonville, FL 32205
☐ 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. William Saunders Bliss - Vice President and Secretary
(Typed or printed name and capacity of person signing application)

JOHN H. MERRILL
SECRETARY OF STATE

ALABAMA STATE CAPITOL
MONTGOMERY, AL 36130

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of the 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 PracticeProtection Insurance Company (a Risk Retention Group) was formed in Alabama, on July 22, 2022. The Alabama Entity Identification number for this entity is 000-874-575. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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.

Date January 31, 2022

John H. Merrill Secretary of State