2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2019
Secretary of State
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Entity Name: PRACTICEPROTECTION INSURANCE SERVICES, LLC

Current Principal Place of Business:

106 JULINGTON DR, STE 5
SAINT JOHNS, FL 32259

Current Mailing Address:

P.O. BOX 600832
JACKSONVILLE, FL 32260 US

FEI Number: 35-2598742

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALLACE, MICHAEL J
780 E DORCHESTER DR.
SAINT JOHNS, FL 32259 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	STETZEL, ERIC J
Address	3202 STERLING RIDGE COVE
City-State-Zip:	FORT WAYNE IN 46825

Title	MGR
Name	WALLACE, MICHAEL J
Address	780 E DORCHESTER DR.
City-State-Zip:	SAINT JOHNS FL 32259

Title	MGR
Name	SMITH, MICHAEL T
Address	965 FAWN VIEW DR.
City-State-Zip:	CARMEL IN 46032

Title	MGR
Name	BROWN, CORY E
Address	10500 FORE DR.
City-State-Zip:	TAMPA FL 33612

Title	MGR
Name	STETZEL, MARK
Address	4321 WOODBRIAR PASS
City-State-Zip:	FORT WAYNE IN 46835

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL J WALLACE — PRESIDENT & CEO — 04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date