

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000001051

Entity Name: PRACTICEPROTECTION INSURANCE COMPANY (A RISK RETENTION GROUP)

Current Principal Place of Business:

2100 SOUTHBRIDGE PKWY STE 650
BIRMINGHAM, AL 35209

Current Mailing Address:

13241 BARTRAM PARK BLVD STE 113
JACKSONVILLE, FL 32258

FEI Number: 82-2051541

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAUNDERS BLISS, WILLIAM
13241 BARTRAM PARK BLVD STE 113
JACKSONVILLE, FL 32258 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

Officer/Director Detail :

Title DP
Name WALLACE, MICHAEL JOHN
Address 780 E DORCHESTER DR
City-State-Zip: ST JOHNS FL 32259

Title D
Name ALEXANDER, KEVIN JOSEPH
Address 3416 SPRINGHILL RD
City-State-Zip: MOUNTAIN BROOK AL 35223

Title D
Name SMITH, MICHAEL TUDOR
Address 965 FAWN VIEW DR
City-State-Zip: CARMEL IN 46032

Title DV
Name STETZEL, ERIC JOHN
Address 3202 STERLING RIDGE COVE
City-State-Zip: FT WAYNE IN 46825

Title D
Name BROWN, CORY EDWARD
Address 2544 HOLLEY CT
City-State-Zip: NAVARRE FL 32566

Title VS
Name SAUNDERS BLISS, WILLIAM
Address 3311 PARK ST
City-State-Zip: JACKSONVILLE FL 32205

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM SAUNDERS BLISS

**EVP AND GENERAL
COUNSEL**

02/10/2025

Electronic Signature of Signing Officer/Director Detail

Date