

1.) CORPORATION NAME:

DUE DATE: **3/31/2012**

**PROFESSIONAL INSURANCE COMPANY**

SCC ID NO: **F0128910**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**TX**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE SUN LIFE EXECUTIVE PARK

CITY/ST/ZIP: WELLESLEY HILLS, MA 02481-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: LARRY R. MADGE  
TITLE: SR VP/CFO/TREAS  
ADDRESS: ONE SUN LIFE EXECUTIVE PARK  
CITY/ST/ZIP/CO: WELLESLEY HILLS, MA 02481-

OFFICER

DIRECTOR

NAME: DAVID J. HEALY  
TITLE: SR VP SLFUS OPS  
ADDRESS: ONE SUN LIFE EXECUTIVE PARK  
CITY/ST/ZIP/CO: WELLESLEY HILLS, MA 02481-

OFFICER

DIRECTOR

NAME: FRED M. TAVAN  
TITLE: VP/CHF ACTUARY  
ADDRESS: ONE SUN LIFE EXECUTIVE PARK  
CITY/ST/ZIP/CO: WELLESLEY HILLS, MA 02481-

OFFICER

DIRECTOR

NAME: KERRI R. ANSELLO  
TITLE: SECRETARY  
ADDRESS: ONE SUN LIFE EXECUTIVE PARK  
CITY/ST/ZIP/CO: WELLESLEY HILLS, MA 02481-

OFFICER

DIRECTOR

NAME: SCOTT M. DAVIS  
TITLE: SR VP/GEN COUNS  
ADDRESS: ONE SUN LIFE EXECUTIVE PARK  
CITY/ST/ZIP/CO: WELLESLEY HILLS, MA 02481-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PRISCILLA S. BROWN SR VP/MARKETING ONE SUN LIFE EXECUTIVE PARK WELLESLEY HILLS, MA 02481-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SEAN N. WOODROFFE VP/HR ONE SUN LIFE EXECUTIVE PARK WELLESLEY HILLS, MA 02481-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN C. PEACHER EVP/CIO ONE SUN LIFE EXECUTIVE PARK WELLESLEY HILLS, MA 02481-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ KERRI R. ANSELLO	KERRI R. ANSELLO, SECRETARY	3/19/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.