

1.) CORPORATION NAME:

PROFESSIONAL INSURANCE COMPANY

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0128910**

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.

<p>NAME: ROBERT E. KLEIN, JR. TITLE: PRESIDENT ADDRESS: ONE SUN LIFE EXECUTIVE PARK CITY/ST/ZIP/CO: WELLESLEY HILLS, MA 02481</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: SCOTT M. DAVIS TITLE: SR VP/GEN COUNS ADDRESS: ONE SUN LIFE EXECUTIVE PARK CITY/ST/ZIP/CO: WELLESLEY HILLS, MA 02481</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVID J. HEALY TITLE: SR VP SLFUS OPS ADDRESS: ONE SUN LIFE EXECUTIVE PARK CITY/ST/ZIP/CO: WELLESLEY HILLS, MA 02481</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: AMY R. GORHAM TITLE: VP/CHF ACTUARY ADDRESS: ONE SUN LIFE EXECUTIVE PARK CITY/ST/ZIP/CO: WELLESLEY HILLS, MA 02481</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: KERRI R. ANSELLO TITLE: SECRETARY ADDRESS: ONE SUN LIFE EXECUTIVE PARK CITY/ST/ZIP/CO: WELLESLEY HILLS, MA 02481</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: STEPHEN C. PEACHER TITLE: EVP/CIO ADDRESS: ONE SUN LIFE EXECUTIVE PARK CITY/ST/ZIP/CO: WELLESLEY HILLS, MA 02481</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: MATTHEW S. MACMILLEN TITLE: SVP, CFO, TREAS ADDRESS: ONE SUN LIFE EXECUTIVE PARK CITY/ST/ZIP/CO: WELLESLEY HILLS, MA 02481	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: EDMUND F. MILANO TITLE: VP, MARKETING ADDRESS: ONE SUN LIFE EXECUTIVE PARK CITY/ST/ZIP/CO: 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	3/28/2014
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.