

1.) CORPORATION NAME:

**Professional Pensions, Inc.**

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1445867**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CT**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10 RESEARCH PKWY

CITY/ST/ZIP: WALLINGFORD, CT 06492

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:	LUIS M NUNES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	10 RESEARCH PKWY		
CITY/ST/ZIP/CO:	WALLINGFORD, CT 06492		
NAME:	LORI M LIESER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 W MADISON STE 2400		
CITY/ST/ZIP/CO:	CHICAGO, IL 60661		
NAME:	RICHARD GALLAGHER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	10 RESEARCH PKWY		
CITY/ST/ZIP/CO:	WALLINGFORD, CT 06492		
NAME:	MARIA SCARPA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	10 RESEARCH PKWY		
CITY/ST/ZIP/CO:	WALLINGFORD, CT 06492		
NAME:	MALIKA S. HINKSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	340 MADISON AVENUE		
CITY/ST/ZIP/CO:	20TH FLOOR NEW YORK, NY 10173		
NAME:	EDWARD O'MALLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1250 CAPITAL OF TEXAS HWY S		
CITY/ST/ZIP/CO:	BUILDING 2 AUSTIN, TX 78746		

NAME:	BRETT SCHNEIDER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	340 MADISON STREET		
	20TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10173		

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/ LORI M LIESER	LORI M LIESER, VICE PRESIDENT	10/30/2012
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.