

1.) CORPORATION NAME:

Professionals Direct Insurance Services, Inc.

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

SCC ID NO: **F1503384**

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	60,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 440 LINCOLN STREET

CITY/ST/ZIP: WORCESTER, MA 01653-

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: GERALD T MERRITT
TITLE: PRESIDENT
ADDRESS: 440 LINCOLN STREET
CITY/ST/ZIP/CO: WORCESTER, MA 01653-

OFFICER

DIRECTOR

NAME: KENDALL J HUBER
TITLE: DIR/ASST SEC
ADDRESS: 440 LINCOLN STREET
CITY/ST/ZIP/CO: WORCESTER, MA 01653-

OFFICER

DIRECTOR

NAME: ANN K TRIPP
TITLE: TREASURER
ADDRESS: 440 LINCOLN ST
CITY/ST/ZIP/CO: WORCESTER, MA 01653-

OFFICER

DIRECTOR

NAME: CHARLES F CRONIN
TITLE: SECRETARY
ADDRESS: 440 LINCOLN ST
CITY/ST/ZIP/CO: WORCESTER, MA 01653-

OFFICER

DIRECTOR

NAME: PAUL J. MUELLER
TITLE: DIRECTOR
ADDRESS: 808 HIGHLANDER WAY
CITY/ST/ZIP/CO: HOWELL, MI 48843-

OFFICER

DIRECTOR

NAME:	ANDREW S. ROBINSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	440 LINCOLN STREET		
CITY/ST/ZIP/CO:	WORCESTER, MA 01653-		

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.

<u>/s/ CHARLES F CRONIN</u>	<u>CHARLES F CRONIN,</u>	<u>3/13/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.