

1.) CORPORATION NAME:

**Professionals Direct Insurance Services, Inc.**

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1503384**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	333 PIERCE ROAD		
CITY/ST/ZIP/CO:	SUITE 300 ITASCA, IL 60143		
NAME:	J. KENDALL HUBER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/ASST SEC		
ADDRESS:	440 LINCOLN STREET		
CITY/ST/ZIP/CO:	WORCESTER, MA 01653		
NAME:	CHARLES F. CRONIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	440 LINCOLN STREET		
CITY/ST/ZIP/CO:	WORCESTER, MA 01653		
NAME:	ANDREW C. FURMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	440 LINCOLN STREET		
CITY/ST/ZIP/CO:	WORCESTER, MA 01653		
NAME:	PAUL J. MUELLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	808 HIGHLANDER WAY		
CITY/ST/ZIP/CO:	HOWELL, MI 48843		
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> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>CHARLES F. CRONIN, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>3/23/2013</u> DATE
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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.