

1.) CORPORATION NAME:

Professional Solutions Insurance Company

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

SCC ID NO: **F1540824**

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

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 14001 UNIVERSITY AVE

CITY/ST/ZIP: CLIVE, IA 50325-8258

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: PATRICK MCNERNEY
TITLE: DIRECTOR
ADDRESS: 14001 UNIVERSITY AVENUE
CITY/ST/ZIP/CO: CLIVE, IA 50325-

OFFICER DIRECTOR

NAME: JUDY BOHROFEN
TITLE: DIRECTOR
ADDRESS: 14001 UNIVERSITY AVENUE
CITY/ST/ZIP/CO: CLIVE, IA 50325-

OFFICER DIRECTOR

NAME: GREGORY COLE
TITLE: DIRECTOR
ADDRESS: 14001 UNIVERSITY AVENUE
CITY/ST/ZIP/CO: CLIVE, IA 50325-

OFFICER DIRECTOR

NAME: ERIC MADCHARO
TITLE: DIRECTOR
ADDRESS: 14001 UNIVERSITY AVENUE
CITY/ST/ZIP/CO: CLIVE, IA 50325-

OFFICER DIRECTOR

NAME: JONATHAN ROTH
TITLE: DIRECTOR
ADDRESS: 14001 UNIVERSITY AVENUE
CITY/ST/ZIP/CO: CLIVE, IA 50325-

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RODNEY WARREN PRESIDENT 14001 UNIVERSITY AVENUE CLIVE, IA 50325-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER SCHLUETER CFO/T/Asst. Sec 14001 UNIVERSITY AVENUE CLIVE, IA 50325-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRUCE BEAL VICE PRESIDENT 14001 UNIVERSITY AVENUE CLIVE, IA 50325-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACQUELINE ANDERSON Secretary/V.P. 14001 UNIVERSITY AVENUE CLIVE, IA 50325-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARB CLARK AVP 14001 UNIVERSITY AVENUE CLIVE, IA 50325-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW GUSTAFSON AVP 14001 UNIVERSITY AVENUE CLIVE, IA 50325-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEITH HENAMAN AVP 14001 UNIVERSITY AVENUE CLIVE, IA 50325-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL LUCKMAN AVP 14001 UNIVERSITY AVENUE CLIVE, IA 50325-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID SIEBERT AVP 14001 UNIVERSITY AVENUE CLIVE, IA 50325-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH SODA AVP 14001 UNIVERSITY AVENUE CLIVE, IA 50325-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: MICHAEL WHITMER TITLE: AVP ADDRESS: 14001 UNIVERSITY AVENUE CITY/ST/ZIP/CO: CLIVE, IA 50325-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: CAREN WHITNEY TITLE: AVP ADDRESS: 14001 UNIVERSITY AVENUE CITY/ST/ZIP/CO: CLIVE, IA 50325-	<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/ JACQUELINE ANDERSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JACQUELINE ANDERSON, Secretary/V.P. PRINTED NAME AND CORPORATE TITLE	2/10/2012 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.