

1.) CORPORATION NAME:

Professional Solutions Insurance Company

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

SCC ID NO: **F1540824**

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO 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: RODNEY WARREN TITLE: PRESIDENT ADDRESS: 14001 UNIVERSITY AVENUE CITY/ST/ZIP/CO: CLIVE, IA 50325	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JACQUELINE ANDERSON TITLE: VICE PRESIDENT ADDRESS: 14001 UNIVERSITY AVENUE CITY/ST/ZIP/CO: CLIVE, IA 50325	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRUCE BEAL TITLE: VICE PRESIDENT ADDRESS: 14001 UNIVERSITY AVENUE CITY/ST/ZIP/CO: CLIVE, IA 50325	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROGER SCHLUETER TITLE: CFO/T/ASST. SEC ADDRESS: 14001 UNIVERSITY AVENUE CITY/ST/ZIP/CO: CLIVE, IA 50325	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BARB CLARK TITLE: AVP ADDRESS: 14001 UNIVERSITY AVENUE CITY/ST/ZIP/CO: CLIVE, IA 50325	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MATTHEW GUSTAFSON TITLE: AVP ADDRESS: 14001 UNIVERSITY AVENUE CITY/ST/ZIP/CO: CLIVE, IA 50325	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	KEITH HENAMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AVP		
ADDRESS:	14001 UNIVERSITY AVENUE		
CITY/ST/ZIP/CO:	CLIVE, IA 50325		
NAME:	PAUL LUCKMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AVP		
ADDRESS:	14001 UNIVERSITY AVENUE		
CITY/ST/ZIP/CO:	CLIVE, IA 50325		
NAME:	DAVID SIEBERT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AVP		
ADDRESS:	14001 UNIVERSITY AVENUE		
CITY/ST/ZIP/CO:	CLIVE, IA 50325		
NAME:	JOSEPH SODA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AVP		
ADDRESS:	14001 UNIVERSITY AVENUE		
CITY/ST/ZIP/CO:	CLIVE, IA 50325		
NAME:	MICHAEL WHITMER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AVP		
ADDRESS:	14001 UNIVERSITY AVENUE		
CITY/ST/ZIP/CO:	CLIVE, IA 50325		
NAME:	CAREN WHITNEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AVP		
ADDRESS:	14001 UNIVERSITY AVENUE		
CITY/ST/ZIP/CO:	CLIVE, IA 50325		
NAME:	JUDY BOHROFEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	14001 UNIVERSITY AVENUE		
CITY/ST/ZIP/CO:	CLIVE, IA 50325		
NAME:	GREGORY COLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	14001 UNIVERSITY AVENUE		
CITY/ST/ZIP/CO:	CLIVE, IA 50325		
NAME:	ERIC MADCHARO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	14001 UNIVERSITY AVENUE		
CITY/ST/ZIP/CO:	CLIVE, IA 50325		
NAME:	PATRICK MCNERNEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	14001 UNIVERSITY AVENUE		
CITY/ST/ZIP/CO:	CLIVE, IA 50325		
NAME:	JONATHAN ROTH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	14001 UNIVERSITY AVENUE		
CITY/ST/ZIP/CO:	CLIVE, IA 50325		

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	JACQUELINE ANDERSON, VICE	2/1/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT	DATE
	PRINTED NAME AND CORPORATE TITLE	

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.