

1.) CORPORATION NAME:

PROFESSIONAL RISK BROKERS, INC.

DUE DATE: **6/30/2011**

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

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD #301

GLEN ALLEN, VA 23060-6802

SCC ID NO: **F1590027**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 10,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11325 N COMMUNITY HOUSE RD
STE 200

CITY/ST/ZIP: CHARLOTTE, NC 28277-

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: | HERMAN C ROBERTS JR | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 11325 N COMMUNITY HOUSE RD | | |
| CITY/ST/ZIP/CO: | CHARLOTTE, NC 28277- | | |
| NAME: | KAREN HOLLEY HORRELL | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 301 E. 4TH ST | | |
| CITY/ST/ZIP/CO: | CINCINNATI, OH 45202- | | |
| NAME: | EVE CUTLER ROSEN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | ASST SEC | | |
| ADDRESS: | 301 E. 4TH ST. | | |
| CITY/ST/ZIP/CO: | CINCINNATI, OH 45202- | | |
| NAME: | THOMAS E MISHELL | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | ASST TREASURER | | |
| ADDRESS: | 301 E. 4TH ST. | | |
| CITY/ST/ZIP/CO: | CINCINNATI, OH 45202- | | |
| NAME: | GARY J GRUBER | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | CHAIRMAN | | |
| ADDRESS: | 301 E. 4TH ST. | | |
| CITY/ST/ZIP/CO: | CINCINNATI, OH 45202- | | |

| | | |
|---|---|-----------------------------------|
| NAME: DAVID J. WITZGALL TITLE: TREASURER ADDRESS: 301 E. 4TH ST. CITY/ST/ZIP/CO: CINCINNATI, OH 45202- | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
|---|---|-----------------------------------|

| | | |
|--|----------------------------------|--|
| NAME: DONALD D. LARSON TITLE: DIRECTOR ADDRESS: 301 E. 4TH ST CITY/ST/ZIP/CO: CINCINNATI, OH 45202- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|--|----------------------------------|--|

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/ THOMAS E MISCHELL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | THOMAS E MISCHELL, ASST TREASURER PRINTED NAME AND CORPORATE TITLE | 5/25/2011 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.