

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212521057

1.) CORPORATION NAME:

**PROFESSIONAL RISK BROKERS, INC.**

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**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.

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	HERMAN C ROBERTS JR		
TITLE:	PRESIDENT		
ADDRESS:	11325 N COMMUNITY HOUSE RD		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28277		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KAREN HOLLEY HORRELL		
TITLE:	SECRETARY		
ADDRESS:	301 E. 4TH ST		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	EVE CUTLER ROSEN		
TITLE:	ASST SEC		
ADDRESS:	301 E. 4TH ST.		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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:	THOMAS E MISHELL		
TITLE:	ASST TREASURER		
ADDRESS:	301 E. 4TH ST.		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GARY J GRUBER		
TITLE:	CHAIRMAN		
ADDRESS:	301 E. 4TH ST.		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		

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

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/ THOMAS E MISCHELL</u>	<u>THOMAS E MISCHELL, ASST</u>	<u>6/5/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TREASURER 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.