

1.) CORPORATION NAME:

**Professional Solutions Insurance Services, Inc.**

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

SCC ID NO: **F1661521**

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
COMA	10,000

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-

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: BARB CLARK  
TITLE: AVP  
ADDRESS: 14001 UNIVERSITY AVE  
CITY/ST/ZIP/CO: CLIVE, IA 50325-

OFFICER

DIRECTOR

NAME: JOE SODA  
TITLE: AVP  
ADDRESS: 14001 UNIVERSITY AVE  
CITY/ST/ZIP/CO: CLIVE, IA 50325-

OFFICER

DIRECTOR

NAME: BRUCE BEAL  
TITLE: DIRECTOR  
ADDRESS: 14001 UNIVERSITY AVE  
CITY/ST/ZIP/CO: CLIVE, IA 50325-

OFFICER

DIRECTOR

NAME: ROGER SCHLUETER  
TITLE: CFO/T/Asst. Sec  
ADDRESS: 14001 UNIVERSITY AVE  
CITY/ST/ZIP/CO: CLIVE, IA 50325-

OFFICER

DIRECTOR

NAME: JACQUELINE ANDERSON  
TITLE: Secretary/V.P.  
ADDRESS: 14001 UNIVERSITY AVENUE  
CITY/ST/ZIP/CO: CLIVE, IA 50325-

OFFICER

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: ROD WARREN TITLE: PRESIDENT ADDRESS: 14001 UNIVERSITY AVE CITY/ST/ZIP/CO: CLIVE, IA 50325-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PATRICK MCNERNEY TITLE: DIRECTOR ADDRESS: 14001 UNIVERSITY AVENUE CITY/ST/ZIP/CO: CLIVE, IA 50325-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JUDY BOHROFEN TITLE: DIRECTOR ADDRESS: 14001 UNIVERSITY AVENUE CITY/ST/ZIP/CO: CLIVE, IA 50325-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GREGORY COLE TITLE: DIRECTOR ADDRESS: 14001 UNIVERSITY AVENUE CITY/ST/ZIP/CO: CLIVE, IA 50325-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ERIC MADCHARO TITLE: DIRECTOR ADDRESS: 14001 UNIVERSITY AVENUE CITY/ST/ZIP/CO: CLIVE, IA 50325-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JONATHAN ROTH TITLE: DIRECTOR ADDRESS: 14001 UNIVERSITY AVENUE CITY/ST/ZIP/CO: CLIVE, IA 50325-	<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/ JACQUELINE ANDERSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JACQUELINE ANDERSON, Secretary/V.P. PRINTED NAME AND CORPORATE TITLE
2/10/2012 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.	