

1.) CORPORATION NAME:

**Professional Solutions Insurance Services, Inc.**

DUE DATE: **3/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1661521**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	10,000

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

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: 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: 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: ROGER SCHLUETER TITLE: CFO/T/ASST. SEC ADDRESS: 14001 UNIVERSITY AVE 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 AVE 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: JOE SODA TITLE: AVP ADDRESS: 14001 UNIVERSITY AVE CITY/ST/ZIP/CO: CLIVE, IA 50325	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: BRUCE BEAL TITLE: DIRECTOR ADDRESS: 14001 UNIVERSITY AVE 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: 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: 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/ ROD WARREN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROD WARREN, PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/9/2015 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.		