

1.) CORPORATION NAME: Professional Program Insurance Brokerage, Inc.(USED IN VA BY: Professional Program Insurance Br 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JOHN V ROBINSON 7102 THREE CHOPT RD RICHMOND, VA	DUE DATE: 8/31/2013 SCC ID NO: F1717919 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>50,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	50,000
CLASS	AUTHORIZED				
COMMON	50,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: CA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 371 BEL MARIN KETYS BLVD STE 220 CITY/ST/ZIP: NOVATO, CA 94949

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: SUSAN PRESTON TITLE: PRES TREAS ADDRESS: 371 BEL MARIN KEYS BLVD STE 220 CITY/ST/ZIP/CO: NOVATO, CA 94949	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: CARMEN E MARTENSEN TITLE: VICE PRESIDENT ADDRESS: 371 BEL MARIN KEYS BLVD #220 CITY/ST/ZIP/CO: NOVATO, CA 94949	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: ALAN R PRESTON TITLE: TREASURER ADDRESS: 371 BEL MARIN KEYS BLVD #220 CITY/ST/ZIP/CO: NOVATO, CA 94949	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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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/ SUSAN PRESTON	SUSAN PRESTON, PRES TREAS	7/24/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.