

1.) CORPORATION NAME:

Producers Financial Group, Inc.

DUE DATE: **12/31/2011**

SCC ID NO: **F1809757**

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

AUTH IN VI

ASTRO INSURANCE AGENCY INC

144 BUSINESS DR STE 200

VIRGINIA BEACH, VA 23462

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 50,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

ND

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 818 MAIN AVENUE STE 1

CITY/ST/ZIP: FARGO, ND 58103-

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: JAY MATTHEWS
 TITLE: PRESIDENT
 ADDRESS: 818 MAIN AVENUE STE 1
 CITY/ST/ZIP/CO: FARGO, ND 58103-

OFFICER

DIRECTOR

NAME: GARY PAULSRUD
 TITLE: CHAIRMAN
 ADDRESS: 818 MAIN AVENUE STE 1
 CITY/ST/ZIP/CO: FARGO, ND 58103-

OFFICER

DIRECTOR

NAME: ROBERT MEDHUS
 TITLE: CHAIRMAN
 ADDRESS: 818 MAIN AVE.
 STE 1
 CITY/ST/ZIP/CO: FARGO, ND 58103-

OFFICER

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/ JAY MATTHEWS

JAY MATTHEWS, PRESIDENT

12/7/2011

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.