

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213564110				
1.) CORPORATION NAME: Producers Financial Group, Inc.		DUE DATE: 12/31/2013				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ASTRO INSURANCE AGENCY INC 144 BUSINESS DR STE 200 VIRGINIA BEACH, VA		SCC ID NO: F1809757				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: VIRGINIA BEACH CITY		5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: ND		<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					
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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: GARY PAULSRUD TITLE: CHAIRMAN ADDRESS: 818 MAIN AVENUE STE 1 CITY/ST/ZIP/CO: FARGO, ND 58103	<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/ JAY MATTHEWS	JAY MATTHEWS, PRESIDENT	1/24/2014				
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.						