2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002
Secretary of State

DOCUMENT# F01000004033

Entity Name: PROFESSIONAL SOLUTIONS INSURANCE COMPANY

Current Principal Place of Business:

1452 29TH ST.
WEST DES MOINES, IA 502661307

New Principal Place of Business:

Current Mailing Address:

PO BOX 9118
DES MOINES, IA 503069118

New Mailing Address:

FEI Number: 42-1520773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	KINCAID, ELIZABETH	
Address:	1452 29TH STREET	
City-St-Zip:	WEST DES MOINES, IA 502661307	
Title:	S	( ) Delete
Name:	ALBAUGH, AMY R	
Address:	1452 29TH STREET	
City-St-Zip:	WEST DES MOINES, IA 502661307	
Title:	T	( ) Delete
Name:	SCHLUETER, ROGER L	
Address:	1452 29TH STREET	
City-St-Zip:	WEST DES MOINES, IA 502661307	
Title:	AT	( ) Delete
Name:	MCENTEE, SCOTT W	
Address:	1452 29TH STREET	
City-St-Zip:	WEST DES MOINES, IA 502661307	
Title:	D	( ) Delete
Name:	CIANCIULLI, ARNOLD E	
Address:	940 AVENUE C	
City-St-Zip:	BAYONNE, NJ	
Title:	D	( ) Delete
Name:	FORNEY, KENT M	
Address:	801 GRAND AVENUE, SUITE 3700	
City-St-Zip:	DES MOINES, IA	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	SPORTELLI, LOUIS	
Address:	1452 29TH STREET	
City-St-Zip:	WEST DES MOINES, IA 502661307	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS SPORTELLI, DC PD 07/18/2002

Electronic Signature of Signing Officer or Director Date