

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004033

FILED
Jan 10, 2006
Secretary of State

Entity Name: PROFESSIONAL SOLUTIONS INSURANCE COMPANY

Current Principal Place of Business:

14001 UNIVERSITY AVENUE
CLIVE, IA 503258258

New Principal Place of Business:

Current Mailing Address:

PO BOX 9118
DES MOINES, IA 503069118

New Mailing Address:

14001 UNIVERSITY AVENUE
CLIVE, IA 503258258

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.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCNERNEY, PATRICK E
Address: 14001 UNIVERSITY AVENUE
City-St-Zip: CLIVE, IA 503258258

Title: SD () Delete
Name: RAYMIE, MARK
Address: 14001 UNIVERSITY AVENUE
City-St-Zip: CLIVE, IA 503258258

Title: TD () Delete
Name: SCHLUETER, ROGER L
Address: 14001 UNIVERSITY AVENUE
City-St-Zip: CLIVE, IA 503258258

Title: AVP () Delete
Name: HENAMAN, KEITH
Address: 14001 UNIVERSITY AVENUE
City-St-Zip: CLIVE, IA 503258258

Title: COOD () Delete
Name: WARREN, ROD
Address: 14001 UNIVERSITY AVENUE
City-St-Zip: CLIVE, IA 503258258

Title: VPD () Delete
Name: BEAL, BRUCE
Address: 14001 UNIVERSITY AVENUE
City-St-Zip: CLIVE, IA 503258258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ATD (X) Change () Addition
Name: MCENTEE, SCOTT
Address: 14001 UNIVERSITY AVENUE
City-St-Zip: CLIVE, IA 503258258

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 Chapter 119, 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: MARK RAYMIE

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01/10/2006

Electronic Signature of Signing Officer or Director

Date