

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004750

Entity Name: PROFESSIONAL PENSIONS, INC.**Current Principal Place of Business:**10 RESEARCH PARKWAY
WALLINGFORD, CT 06492**Current Mailing Address:**C/O NFP, 500 W. MADISON STREET
32ND FLOOR
CHICAGO, IL 60661 US**FEI Number:** 06-0860933**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	P
Name	NUNES, LUIS M
Address	10 RESEARCH PARKWAY
City-State-Zip:	WALLINGFORD CT 06492

Title	S
Name	GALLAGHER, RICHARD
Address	10 RESEARCH PARKWAY
City-State-Zip:	WALLINGFORD CT 06492

Title	T
Name	SCARPA, MARIA
Address	10 RESEARCH PARKWAY
City-State-Zip:	WALLINGFORD CT 06492

Title	VP
Name	LIESER, LORI M
Address	500 W. MADISON STREET
City-State-Zip:	CHICAGO IL 60661

Title	D
Name	MOO, VERONICA
Address	340 MADISON AVENUE, 20TH FLOOR
City-State-Zip:	NEW YORK NY 10173

Title	D
Name	SCHNEIDER, BRETT
Address	340 MADISON AVENUE, 20TH FLOOR
City-State-Zip:	NEW YORK NY 10173

Title	DIRECTOR
Name	O'MALLEY, EDWARD
Address	1250 CAPITAL OF TEXAS HWY S BUILDING 2
City-State-Zip:	AUSTIN TX 78746

I hereby 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 all other like empowered.

SIGNATURE: LORI M. LIESER**VICE PRESIDENT****04/13/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date