

2022 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

04/18/2022

Electronic Signature of Signing Officer/Director Detail

Date