

State of South Dakota



OFFICE OF THE SECRETARY OF STATE

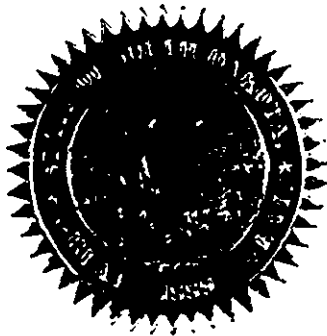
Certificate of Authority

ORGANIZATIONAL ID #: FB026059

I, **JOYCE HAZELTINE**, Secretary of State of the State of South Dakota, hereby certify that the Application for a Certificate of Authority of **PROFESSIONAL PENSIONS, INC. (CT)** to transact business in this state duly signed and verified pursuant to the provisions of the South Dakota Corporation Acts, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issue this Certificate of Authority and attach hereto a duplicate of the application to transact business in this state.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this March 18, 2002.



Joyce Hazeltine
Secretary of State

01-2010-110



Secretary of State
State Capitol
500 E. Capitol Bldg
Pierre SD 57501
Phone 605-773-3888
Fax 605-773-4550

Filed this 18th day of March 2002

Magelaine
SECRETARY OF STATE

Application for Certificate of Authority

FILE NO. _____

RECEIPT NO. _____

0205315.0838
5/18/02 06059

RECEIVED

MAR 18 '02

S.D. SEC. OF STATE

Pursuant to the provisions of SDCL 47-8-7, the undersigned corporation hereby applies for a Certificate of Authority to transact business in the State of South Dakota and for that purpose submits the following statement:

(1) The name of the corporation is Professional Pensions, Inc.
(exact corporate name)

(2) If the name of the corporation does not contain the word "corporation", "company", "incorporated" or "limited" or does not contain an abbreviation of one of such words, then the name of the corporation with the word or abbreviation which it elects to add thereto for use in this state is _____

(3) State where incorporated Connecticut Federal Taxpayer II

(4) The date of its incorporation is August 11, 1969 and the period of its duration, which may be perpetual, is perpetual

(5) The address of its principal office in the state or country under the laws of which it is incorporated is 245 Long Hill Road Middletown, CT Zip Code 06457

mailing address if different from above is: 711 High Street Des Moines, IA Zip Code 50392

(6) The street address, or a statement that there is no street address, of its proposed registered office in the State of South Dakota is 319 South Coteau Street, Pierre, South Dakota Zip Code 57501
and the name of its proposed registered agent in the State of South Dakota at that address is C.T. Corporation System

(7) The purposes which it proposes to pursue in the transaction of business in the State of South Dakota are: (state specific purpose)
A Connecticut corporation engaged in sales, marketing, and administration of group insurance plans and third-party administration for defined contribution plans.

(8) The names and respective addresses of its directors and officers are:

Name	Officer Title	Street Address	City	State	Zip
<u>See Attachment A</u>					

(9) The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class is:

Number of shares	Class	Series	Par value per share or statement that shares are without par value
<u>5000</u>	<u>Common</u>		<u>\$10.00</u> #110

certath.pdf

0205315.0838
5110702

(10) The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of shares	Class	Series	Par value per share or statement that shares are without par value
5000	Common		10.00

(11) The amount of its stated capital is \$ 26,330.00
Shares issued times par value equals stated capital. In the case of no par value stock, stated capital is the consideration received for the issued shares.

(12) This application is accompanied by a CERTIFICATE OF FACT or a CERTIFICATE OF GOOD STANDING duly acknowledged by the Secretary of State or other officer having custody of corporate records in the state or country under whose laws it is incorporated.

(13) That such corporation shall not directly or indirectly combine or make any contract with any incorporated company, foreign or domestic, through their stockholders or the trustees or assigns of such stockholders, or with any copartnership or association of persons, or in any manner whatever to fix the prices, limit the production or regulate the transportation of any product or commodity so as to prevent competition in such prices, production or transportation or to establish excessive prices therefor.

(14) That such corporation, as a consideration of its being permitted to begin or continue doing business within the State of South Dakota, will comply with all the laws of the said State with regard to foreign corporations.

The application must be signed, in the presence of a notary public, by the chairman of the board of directors, or by the president or by another officer.

I DECLARE AND AFFIRM UNDER THE PENALTY OF PERJURY THAT THIS APPLICATION IS IN ALL THINGS, TRUE AND CORRECT.

Dated March 6, 2002

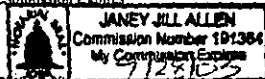
Patricia A. Barry
(Signature) Patricia A. Barry
Assistant Corporate Secretary
(Title)

STATE OF Iowa
COUNTY OF Polk

I, Janey Jill Allen, a notary public, do hereby certify that on this 6 day of March, 2002, personally appeared before me Patricia A. Barry who, being by me first duly sworn, declared that he/she is the Asst. Corporate Secretary of Professional Pensions, Inc. that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

Janey Jill Allen
(Notary Public)

My Commission Expires



Notary

The Consent of Appointment below must be signed by the registered agent listed in number six.

Consent of Appointment by the Registered Agent

I, CT Corporation System, hereby give my consent to serve as the registered agent for PROFESSIONAL PENSIONS, INC.

Dated FEBRUARY 28, 20 02

By: J. M. Halpin
(signature of registered agent)
J. M. Halpin
Secretary

Attachment A
Professional Pensions, Inc.
Directors and Officers

0205315.0838
5/10/02

27-Feb-02

Director

Name, Title, and Date Elected

Daniel J. Houston

Chairman

John E. Aschenbrenner

Ronald L. Danilson

Michael P. DeBaggis, Jr.

Robb B. Hill

Larry D. Zimpleman

Officer

Name, Title, and Date Elected

Michael P. DeBaggis, Jr.

President and Chief Executive Officer

Paul E. Fromm

Vice President

Luis M. Nunes

Vice President

Hugh E. O'Toole

Vice President

Joyce N. Hoffman

Senior Vice President and Corporate Secretary

Aaron M. Friedman

Vice President and Compliance Officer

Craig L. Bassett

Treasurer

Patricia A. Barry

Assistant Corporate Secretary

Gary Rosadino

Controller

Daniel J. Houston

Relationship Officer

Corporation Address/Address for all Directors and Officers

711 High Street, Des Moines, Iowa 50392

SECRETARY OF STATE

6148
Rev. 2-68

Office of the Secretary of the State of Connecticut


0205315 RECEIVED
5/10/02 MAR 18 02
S.D. SEC. OF STATE

I, the Connecticut Secretary of the State,
and keeper of the seal thereof, DO HEREBY CERTIFY, that

PROFESSIONAL PENSIONS, INC.

a STOCK corporation under the Connecticut General Statutes was filed
in this office on August 11, 1969.

Insofar as the records of this office reveal, the corporation is in
existence.


Secretary of the State

Date Issued: February 28, 2002

W-01-0101010101

0205315.0838
5/10/02

Receipt Number: 1077582

File Number FB026059

CERT AUTH

For

PROFESSIONAL PENSIONS, INC. (CT)

Filed at the request of:

PRINCIPAL FINANCIAL GROUP
AMBER OSTERCAMP
711 HIGH ST
DES MOINES IA 50392

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: Monday, March 18, 2002


Secretary of State

Fee Received: \$110 for 5,000 shares at \$10 par

2003 ANNUAL REPORT

2003

ANNUAL REPORT

FOREIGN PLEASE TYPE OR USE BLACK INK

0305221, 1120 5/20/03

FILE DATE 4/7/03 RECEIPT NO. 19021004 RECEIVED APR 07 03

FILING FEE: \$25 MAKE CHECK PAYABLE TO SECRETARY OF STATE ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

1. Corporate Name and Mailing Address:



FB-026059 MAR/0000 PROFESSIONAL FENSIONS, INC. 711 HIGH ST DES MOINES IA 50392-0001

Telephone # 515-247-5111 FAX # 515-210-0117 Federal Taxpayer ID FILING DATE: Due during the month the Certificate of Authority was issued, and delinquent after the last day of the following month.

S.D. SEC. OF STATE

ATTENTION - FILING INSTRUCTIONS

If ALL of the information is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. ANY CHANGE requires full completion of the form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. It is incorporated under the laws of CONNECTICUT and the address of its principal office or registered office in the state of incorporation is 245 LONG HILL ROAD, MIDDLETOWN, CT Zip + 4 06457

3. The address of its registered office in South Dakota is 319 SO. COTEAU, PIERRE, SOUTH DAKOTA Zip + 4 57501

and the name of its registered agent at such address is CT CORPORATION SYSTEM 4. The character of the business in which it is actually engaged in South Dakota SALES, MARKETING AND ADMINISTRATION OF GROUP INSURANCE PLANS

Table with columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Includes Director, President, Vice President, Secretary, Treasurer.

6. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

7. NUMBER OF SHARES ISSUED 2,633 CLASS COMMON SERIES \$10.00 par value

8. The amount of its stated capital is \$ 26,330.00

The report must be signed by the chairman of the board of directors, its president, or any other officer in the presence of a notary public.

Dated 4/6/03 By Patricia A. Barry (Signature) PATRICIA A. BARRY (Title) ASSISTANT CORPORATE SECRETARY

STATE OF Iowa COUNTY OF Polk

On this the 2nd day of April 2003, before me, Leann Oxley (CO) Patricia A. Barry, personally appeared Patricia A. Barry, known to me, or proved to me, to be the Assistant Corporate Secretary of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.

My Commission Expires June 15, 2004 LEANN OXLEY Commission Number 196047 My Comm. Exp. June 15, 2004 Notary Public

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077 PHONE: 605-773-4845 FAX (605) 773-4550 www.state.sd.us/sos/scs.htm

SOS CRP 03/00

227 3983 05/14/2004

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845
Fax (605)773-4550

2004
ANNUAL REPORT

FOREIGN
PLEASE TYPE OR USE BLACK INK

FILING FEE: \$30 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

FILE DATE 04/22/04
RECEIPT NUMBER 1318891
APR 22 '04
S.D. SEC. OF STATE

1. Corporate Name and Mailing Address, including Zip + 4:

FB-026059 MAR/0000
Professional Pensions, Inc.
711 High Street, S-6-S64
Des Moines, IA 50392-0306

Telephone # 515-247-5111
FAX # 515-248-8617
Federal Tax:
FILING DATE: Due during the month the
Certificate of Authority was issued, and
delinquent after the last day of the following
month.

*** ATTENTION - FILING INSTRUCTIONS ***

If ALL of the information is identical as set forth in the prior report, you may check the box below and sign the report in the presence of a notary public. Any change requires full completion of the form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

- 2. It is incorporated under the laws of Connecticut and the address of its principal office or registered office in the state of incorporation is 245 Long Hill Road, Middletown, CT Zip + 4 06457
- 3. The address of its registered office in South Dakota is 319 South Coteau Street Zip + 4 57501
Pierre, SD
and the name of its registered agent at such address is CT Corporation System
- 4. The character of the business in which it is actually engaged in South Dakota sales, marketing, and administration of group insurance plans and third-party administration for defined contribution plans
- 5. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
-See Attachment A-	Director				
	Director				
	President				
	Vice President				
	Secretary				
	Treasurer				

- 6. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
<u>5,000</u>	<u>Common</u>		<u>\$10.00</u>
- 7. NUMBER OF SHARES ISSUED

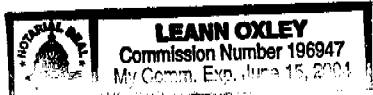
NUMBER OF SHARES ISSUED	CLASS	SERIES
<u>2633</u>	<u>Common</u>	
- 8. The amount of its stated capital is \$ 26,330.00

The report must be signed by the chairman of the board of directors, or its president, or any other officer in the presence of a notary public.

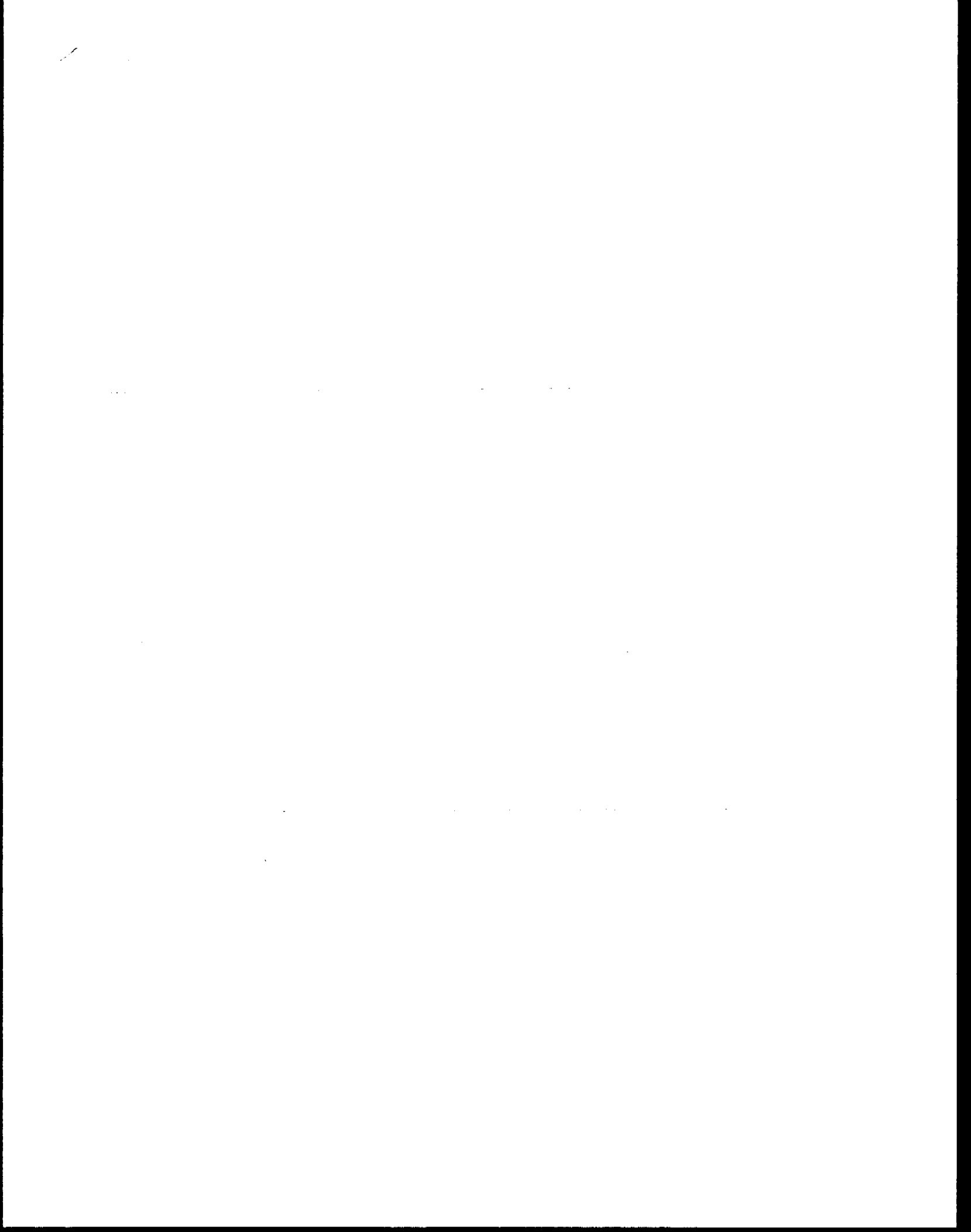
Dated 4/16/04
STATE OF Iowa
COUNTY OF Polk
On this the 16 day of April, 2004, before me, Leann Oxley, known to me, or proved to me, personally appeared Patricia A. Barry, of the corporation that is described in and that executed the within instrument and acknowledged to me that such corporation executed the same.
June 15, 2004

Patricia A. Barry
(Signature) Patricia A. Barry
Assistant Corporate Secretary
(Title)
Leann Oxley
(Notary Public)

My Commission Expires (Notarial Seal)



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FB-026059
2024
RECEIVED

Attachment A
Professional Pensions, Inc.
Directors and Officers

APR 27 '04

24-Mar-04

S.D. SEC. OF STATE

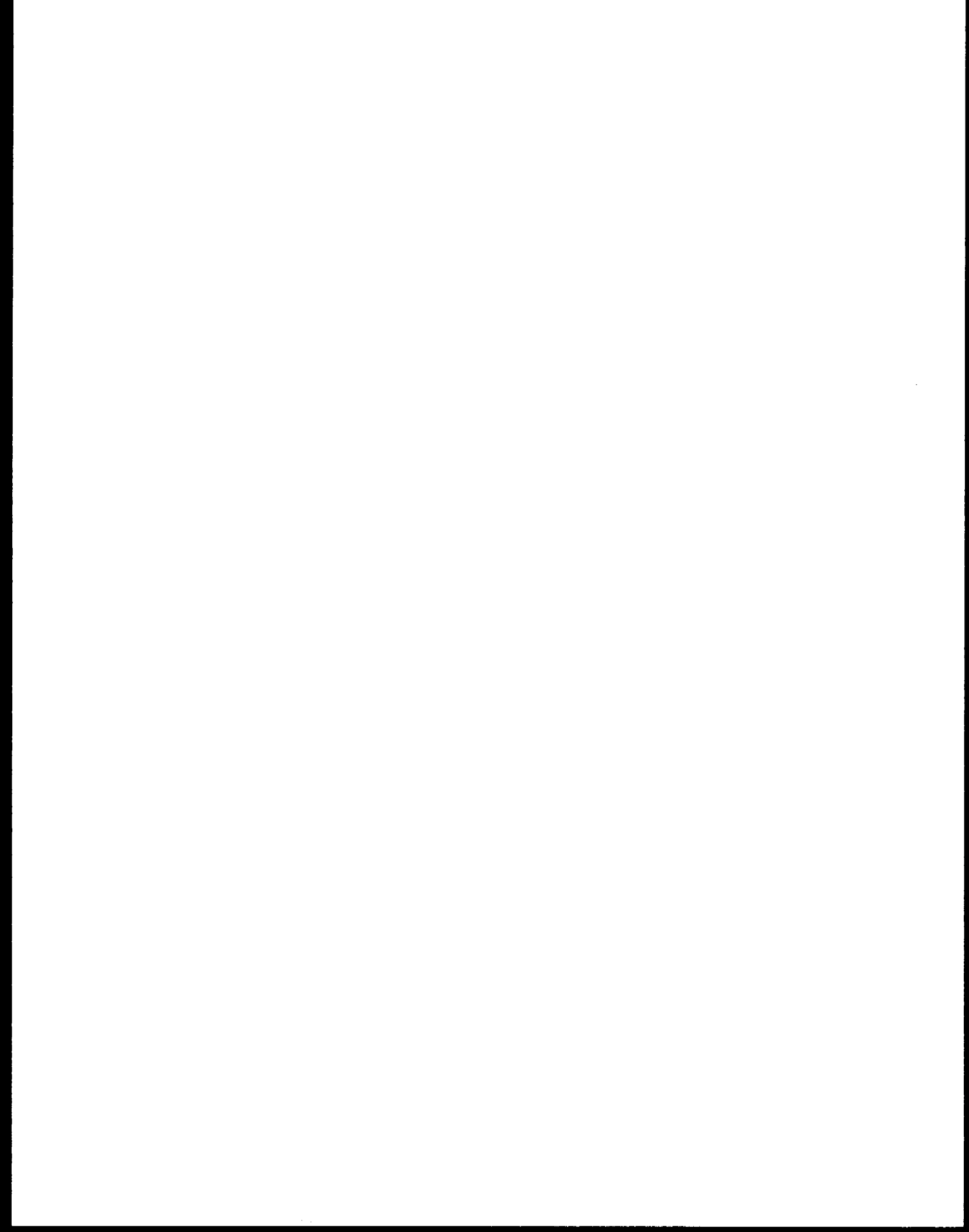
227 3984

Director	Title	Date Elected
Daniel J. Houston	Chairman	
Ronald L. Danilson		
Michael P. DeBaggis		
Timothy J. Minard		
Larry D. Zimpleman		

Officer	Title	Date Elected
Michael P. DeBaggis	President and Chief Executive Officer	
Joyce N. Hoffman	Senior Vice President and Corporate Secretary	
Paul E. Fromm	Vice President	
Hugh E. O'Toole	Vice President	
Luis M. Nunes	Vice President and Compliance Officer	
Craig L. Bassett	Treasurer	
Patricia A. Barry	Assistant Corporate Secretary	
Gary Rosadino	Controller	
Daniel J. Houston	Relationship Officer	
Dwayne W. Paul	Property and Casualty Officer	

Corporation Address/Address for all Directors and Officers

711 High Street, Des Moines, Iowa 50392



338 0997

Receipt Number: 1419187

File Number **FB026059**



STATEMENT_OF_CHANGE

For

PROFESSIONAL PENSIONS, INC.

Filed at the request of:

**CSC
2711 CENTERVILLE RD STE 400
WILMINGTON DE 19808**

*State of South Dakota
Office of the Secretary of State*

Filed in the office of the Secretary of State on: **Monday, March 21, 2005**



Secretary of State

Fee Received: \$10.00

03/22/2005
0998
0660
330

FB 026059

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
605-773-4845

**STATEMENT OF CHANGE OF REGISTERED OFFICE,
OR REGISTERED AGENT, OR BOTH**
FILING FEE: \$10

Pursuant to the provisions of the South Dakota Corporation Acts, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

- 1. The name of the corporation is PROFESSIONAL PENSIONS, INC.
- 2. The previous street address or a statement that there is no street address, of its registered office 319 South Coteau Street, Pierre, SD ZIP 57501
- 3. The street address, or a statement that there is no street address, to which the registered office is to be changed is 503 South Pierre Street, Pierre, SD ZIP 57501
- 4. The name of its previous registered agent is C T Corporation System
- 5. The name of its successor registered agent is * Corporation Service Company

* The Consent of Registered Agent below must be completed by the new agent filed this 21 day of March 05

- 6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical. *Chris Nelson*
SECRETARY OF STATE
- 7. This change has been authorized by resolution duly adopted by the board of directors.

The statement may be signed by the chairman of the board of directors, or its president, or any other officer.

Date March 16, 2005

Maureen Cullen
(Signature) Maureen Cullen

Attorney in Fact
(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT	
I, <u>Corporation Service Company</u> , hereby give my consent to serve as the	
(name of registered agent)	
registered agent for <u>PROFESSIONAL PENSIONS, INC.</u>	
(corporate name)	<u>Corporation Service Company</u>
Dated <u>March 16, 2005</u>	By: <i>Jacqueline M. Giles</i>
	(signature of registered agent)

Jacqueline M. Giles, Asst. Vice President

STATE OF IOWA)
) SS
COUNTY OF POLK)

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Joyce N. Hoffman, the Senior Vice President and Corporate Secretary of Principal Financial Group, Inc. ("the Company"), a corporation established under the laws of Delaware, and of the subsidiary entities shown on the list appended hereto, does hereby appoint Maureen Cullen and Louis Giaccardo attorneys-in-fact for the Company and for the subsidiary entities, to act for the Company and for the subsidiary entities and in the name of the Company and of the subsidiary entities for the limited purposes authorized herein.

The Company and the subsidiary entities having taken all necessary steps to authorize the changes and the establishment of this Power of Attorney, hereby grant its attorneys-in-fact the power to execute the documents necessary to change the Company's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any jurisdiction.

In the execution of any documents necessary for the purposes set forth herein, Maureen Cullen shall exercise the power of Vice President and Louis Giaccardo shall exercise the power of Secretary, or, in the case of entities having managers or other positions of authority rather than officers such as Vice President or Secretary, the named individuals shall act in such office and with such authority as is required to effect the changes herein contemplated.

This Power of Attorney expires upon the completion and filing of the documents necessary to effect the changes in registered agent and registered office addresses contemplated herein, or when revoked by Joyce N. Hoffman, whichever shall occur first.

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 19th day of January, 2005.

PRINCIPAL FINANCIAL GROUP, INC.

BY: Joyce N. Hoffman
Joyce N. Hoffman
Senior Vice President and Corporate Secretary

Subscribed and sworn to before me this 19th day of January, 2005.

Kathleen M. Fonken
Notary Public

5-15-07



Principal Financial Group, Inc.
subsidiary list

AIR LORRAINE, LLC
BCI GROUP, LLC
BENEFIT FIDUCIARY CORPORATION
BOSTON INSURANCE TRUST, INC.
CAPSTONE INSURANCE GROUP, INC.
CCIP LLC
COLUMBUS CIRCLE INVESTORS
COLUMBUS CIRCLE INVESTORS MANAGEMENT INC.
COLUMBUS CIRCLE INVESTORS MANAGEMENT INC.
DELAWARE CHARTER GUARANTEE & TRUST COMPANY
DENTAL-NET, INC.
EMPLOYERS DENTAL SERVICES, INC.
EQUITY FC, LTD.
EXECUTIVE BENEFIT SERVICES, INC.
EXECUTIVE BROKER DEALER SERVICES, LLC
HEALTHRISK RESOURCE GROUP, INC.
HIGH STREET INVESTMENTS, INC.
INSOURCE GROUP, LLC
INVISTA CAPITAL MANAGEMENT, INC.
J F MOLLOY & ASSOCIATES INC.
MITCHELL ENERGY LLC
MOLLOY ACTUARIAL AND CONSULTING CORPORATION
MOLLOY MEDICAL MANAGEMENT COMPANY, INC.
MOLLOY WELLNESS COMPANY
PATRICIAN ASSOCIATES, INC.
PETULA ASSOCIATES, LTD.
PETULA PROLIX DEVELOPMENT COMPANY
POST ADVISORY GROUP, LLC
PPI EMPLOYEE BENEFITS CORPORATION
PREFERRED PRODUCT NETWORK, INC.
PRINCIPAL ASSET MARKETS, INC.
PRINCIPAL ASSET MARKETS, INC.
PRINCIPAL CAPITAL FUTURES TRADING ADVISOR, LLC
PRINCIPAL COMMERCIAL ACCEPTANCE, LLC
PRINCIPAL COMMERCIAL FUNDING, LLC
PRINCIPAL DEVELOPMENT ASSOCIATES, INC.
PRINCIPAL DEVELOPMENT INVESTORS, L.L.C.
PRINCIPAL ENTERPRISE CAPITAL, LLC
PRINCIPAL FINANCIAL ADVISORS, INC.
PRINCIPAL FINANCIAL GROUP, INC.
PRINCIPAL FINANCIAL SERVICES (AUSTRALIA), INC.

338 1001 03/22/2005

Principal Financial Group, Inc.
subsidiary list

- PRINCIPAL FINANCIAL SERVICES, INC.
- PRINCIPAL GENERATION PLANT, LLC
- PRINCIPAL GLOBAL COLUMBUS CIRCLE, LLC
- PRINCIPAL GLOBAL INVESTORS HOLDING COMPANY, INC.
- PRINCIPAL GLOBAL INVESTORS TRUST
- PRINCIPAL GLOBAL INVESTORS, LLC
- PRINCIPAL HEALTH CARE, INC.
- PRINCIPAL HEALTH INSURANCE COMPANY
- PRINCIPAL HOLDING COMPANY
- PRINCIPAL INTERNATIONAL HOLDING COMPANY, LLC
- PRINCIPAL INTERNATIONAL, INC.
- PRINCIPAL INVESTMENTS (AUSTRALIA) LIMITED
- PRINCIPAL INVESTORS CORPORATION
- PRINCIPAL LIFE INSURANCE COMPANY
- PRINCIPAL MANAGEMENT CORPORATION
- PRINCIPAL NET LEASE INVESTORS, L.L.C.
- PRINCIPAL OFFICE INVESTORS, LLC
- PRINCIPAL REAL ESTATE FUND INVESTORS, LLC
- PRINCIPAL REAL ESTATE INVESTORS, LLC
- PRINCIPAL SPECTRUM ASSOCIATES, INC.
- PRINCOR FINANCIAL SERVICES CORPORATION
- PROFESSIONAL PENSIONS, INC.
- SPECTRUM ASSET MANAGEMENT, INC.
- THE PRINCIPAL FINANCIAL GROUP FOUNDATION, INC.
- WIND RIVER CORPORATION

SECRETARY OF STATE
STATE CAPITOL
100 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845
Fax (605)773-4550

ANNUAL REPORT

FOREIGN
PLEASE TYPE OR USE BLACK INK

RECEIVED
FILE DATE 5/10/05
RECEIVED
1438261
APR 18 '05
S.D. SEC. of STATE

FILING FEE: \$30 MAKE CHECK PAYABLE TO SECRETARY OF STATE
ADDITIONAL PENALTY FEE OF \$50 APPLIES TO ALL LATE FILINGS

2005 1505 05 2005 127

1. Corporate Name and Mailing Address, including Zip + 4:

FB026059 MAR/2004
Professional Pensions, Inc.
711 High St, ATTN: Carol Levine, S-6-W86
Des Moines, IA 50392-0306

Telephone # 515-247-5111
FAX # 515-248-8617
Federal Taxp:
FILING DATE: Due during the month the
Certificate of Authority was issued, and
delinquent after the last day of the following
month.

*** ATTENTION - FILING INSTRUCTIONS ***

If ALL of the information is identical as set forth in the prior report, you may check the box below and sign the report.
Any change requires full completion of the form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. It is incorporated under the laws of Connecticut and the address of its principal office or registered office in the state
of incorporation is 245 Long Hill Road, Middletown, CT Zip + 4 06457

3. The address of its registered office in South Dakota is ~~919 South Coteau Street~~ 503 South Pierre Street
~~Pierre, SD~~ Pierre, SD Zip + 4 57501

and the name of its registered agent at such address is ~~CT Corporation System~~ CORPORATION SERVICE COMPANY

4. The character of the business in which it is actually engaged in South Dakota sales, marketing, and administration of group
insurance plans and third-party administration for defined contribution plans

5. The names and addresses of its directors and officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP
-See Attachment A-	Director				
	Director				
	President				
	Vice President				
	Secretary				
	Treasurer				

6. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class:

NUMBER OF SHARES CAN ISSUE	CLASS	SERIES	PAR VALUE OR STATE THAT SHARES ARE NO PAR VALUE
<u>5,000</u>	<u>Common</u>		<u>\$10.00</u>

NUMBER OF SHARES ISSUED	CLASS	SERIES
<u>2,633</u>	<u>Common</u>	

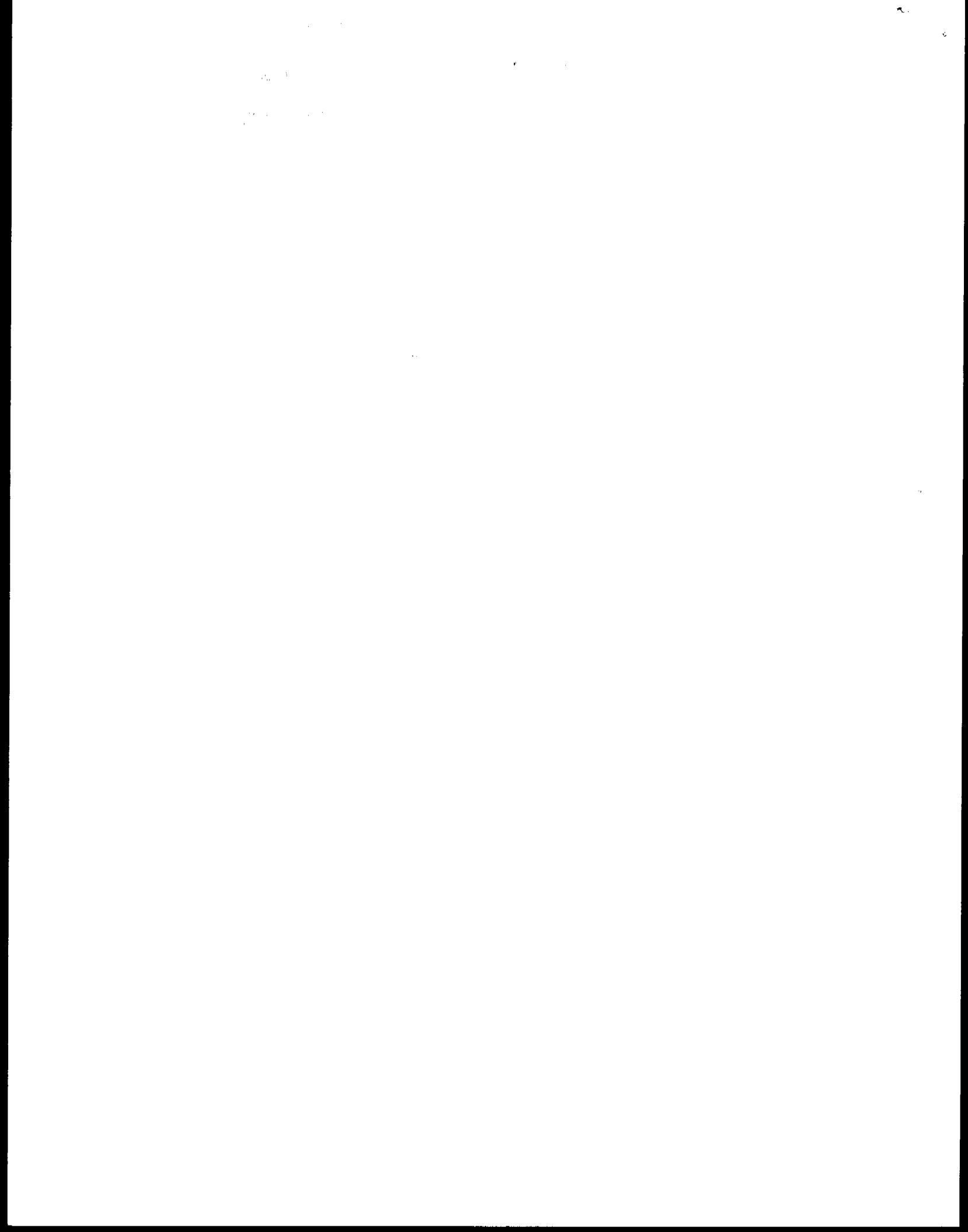
8. The amount of its stated capital is \$ 26,330.00

The report must be signed by the chairman of the board of directors, or its president, or any other officer.

Dated 4/11/05

Patricia A. Barry
(Signature) Patricia A. Barry

Assistant Corporate Secretary
(Title)



237 1506 05/23/2005

Attachment A
Professional Pensions, Inc.
Directors and Officers

FB026059

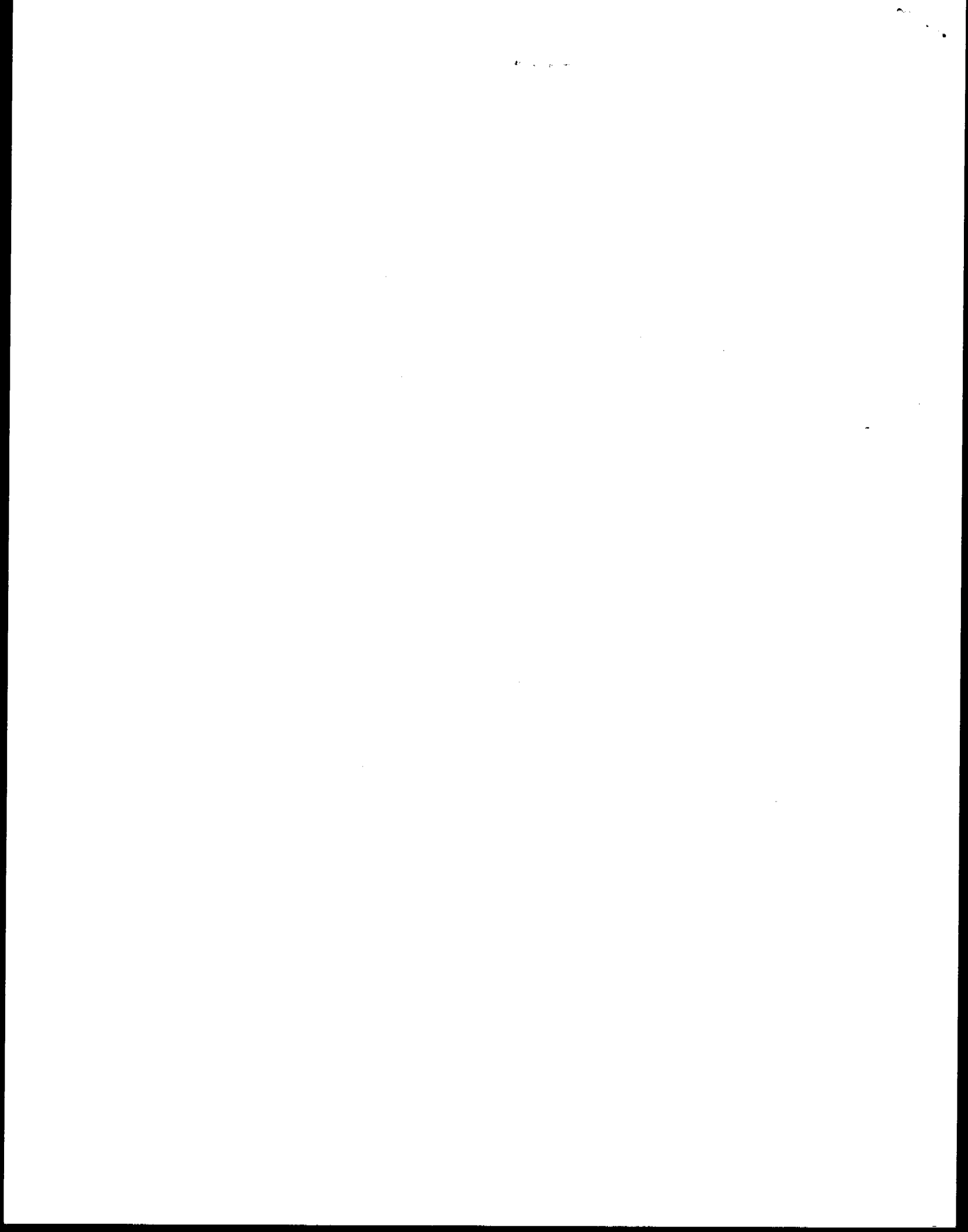
23-Mar-05

Director	Title	Date Elected
Daniel J. Houston	Chairman	[REDACTED]
Ronald L. Danilson		[REDACTED]
Deanna D. Strable		[REDACTED]
Steven C. Whitty		[REDACTED]

Officer	Title	Date Elected
Luis M. Nunes	President and Chief Executive Officer	[REDACTED]
Karen E. Shaff	Senior Vice President and General Counsel	[REDACTED]
Joyce N. Hoffman	Senior Vice President and Corporate Secretary	[REDACTED]
Paul E. Fromm	Vice President	[REDACTED]
Hugh E. O'Toole	Vice President	[REDACTED]
James A. Giles	Vice President and Senior Insurance Counsel	[REDACTED]
Craig L. Bassett	Treasurer	[REDACTED]
Patricia A. Barry	Assistant Corporate Secretary	[REDACTED]
Daniel J. Houston	Relationship Officer	[REDACTED]
Dwayne W. Paul	Property and Casualty Officer	[REDACTED]

Corporation Address/Address for all Directors and Officers

711 High Street, Des Moines, Iowa 50392



248 0801 05/08/2006

2006

ANNUAL REPORT

FOREIGN
PLEASE TYPE OR USE BLACK INK

FILE DATE 04/25/06
RECEIPT NO. 1551430
RECEIVED

APR 25 '06

S.D. SEC. of STATE

FILING FEE: \$30 MAKE CHECK PAYABLE TO SECRETARY OF STATE

1. Corporate Name and Mailing Address:

FB026059
Professional Pensions, Inc.
711 High St
ATTN: Carol Levine, S-6-W86
Des Moines, IA 50392-0306

Telephone # 515-247-5111
FAX # 515-248-8617

FILING DATE: Due during the month the Certificate of Authority was issued, and delinquent after the last day of the following month.

★ ★ ★ ★ ATTENTION - FILING INSTRUCTIONS ★ ★ ★ ★

If ALL of the information is identical as set forth in the prior report, you may check the box below and sign the report. **ANY CHANGE requires full completion of the form.**

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. It is incorporated under the laws of Connecticut and the address of its principal office in the state of incorporation is 711 High Street, S-6-W86, Des Moines, IA Zip + 4 50392-0306

3. The address of its registered office in South Dakota is 503 South Pierre Street Pierre, SD Zip + 4 57501 and the name of its registered agent at that address is Corporation Service Company

4. Provide a brief description of the nature of the business sales, marketing, and administration of group insurance plans and third-party administration for defined contribution plans.

5. The names and business addresses of its directors and principal officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Daniel J. Houston</u>	<u>Director</u>	<u>711 High Street</u>	<u>Des Moines</u>	<u>IA</u>	<u>50392</u>
<u>Luis M. Nunez</u>	<u>Director</u>	<u>711 High Street</u>	<u>Des Moines</u>	<u>IA</u>	<u>50392</u>
<u>Luis M. Nunez</u>	<u>President</u>	<u>711 High Street</u>	<u>Des Moines</u>	<u>IA</u>	<u>50392</u>
<u>Aaron M. Friedman</u>	<u>Vice President</u>	<u>711 High Street</u>	<u>Des Moines</u>	<u>IA</u>	<u>50392</u>
<u>Joyce N. Hoffman</u>	<u>Secretary</u>	<u>711 High Street</u>	<u>Des Moines</u>	<u>IA</u>	<u>50392</u>
<u>Craig L. Bassett</u>	<u>Treasurer</u>	<u>711 High Street</u>	<u>Des Moines</u>	<u>IA</u>	<u>50392</u>

6. The total number of authorized shares, itemized by class and series, if any, within each class:

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
<u>5,000</u>	<u>Common</u>	<u></u>

7. NUMBER OF ISSUED AND OUTSTANDING SHARES

NUMBER OF ISSUED AND OUTSTANDING SHARES	CLASS	SERIES
<u>2,633</u>	<u>Common</u>	<u></u>

The statement may be signed by any authorized officer of the Corporation.
Dated 4/24/06

Patricia A. Barry
Signature

Patricia A. Barry
Printed Name

Assistant Corporate Secretary
Title



261 1725

2007 ANNUAL REPORT

FOREIGN PLEASE TYPE OR USE BLACK INK

FILE DATE 4-20-07 RECEIPT NO. 1670409 RECEIVED APR 20 2007 S.D. SEC. OF STATE

FILING FEE: \$30 MAKE CHECK PAYABLE TO SECRETARY OF STATE

1. Corporate Name and Mailing Address:

FB026059 Professional Pension, Inc. 711 High St ATTN: Carol Levine, S-6-W86 Des Moines, IA 50392-0306

Telephone # 515-247-5111 FAX # 515-248-8617

FILING DATE: Due during the month the Certificate of Authority was issued, and delinquent after the last day of the following month.

ATTENTION - FILING INSTRUCTIONS

If ALL of the information is identical as set forth in the prior report, you may check the box below and sign the report. ANY CHANGE requires full completion of the form.

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

- 2. It is incorporated under the laws of Connecticut and the address of its principal office in the state of incorporation is 711 High Street, S-6-W86, Des Moines, IA Zip + 4 50392-0306
3. The address of its registered office in South Dakota is 503 South Pierre Street Pierre, SD Zip + 4 57501 and the name of its registered agent at that address is
4. Provide a brief description of the nature of the business Corporation Service Company

Table with 6 columns: NAME, OFFICE, STREET ADDRESS, CITY, STATE, ZIP+4. Rows include Daniel J. Houston (Director), Luis M. Nunes (President), Aaron M. Friedman (Vice President), Joyce N. Hoffman (Secretary), and Craig L. Bassett (Treasurer).

6. The total number of authorized shares, itemized by class and series, if any, within each class:

Table with 3 columns: NUMBER OF AUTHORIZED SHARES, CLASS, SERIES. Row: 5,000, Common.

7. NUMBER OF ISSUED AND OUTSTANDING SHARES

Table with 3 columns: NUMBER OF ISSUED AND OUTSTANDING SHARES, CLASS, SERIES. Row: 2,633, Common.

The statement may be signed by any authorized officer of the Corporation.

Dated April 16, 2007

Signature of Patricia A. Barry

Patricia A. Barry Printed Name

Assistant Corporate Secretary Title



Receipt Number: 1754628

File Number **FB026059**



STATEMENT_OF_CHANGE

For

PROFESSIONAL PENSIONS, INC.

Filed at the request of:

CT CORPORATION
DEBRA RAYMOND
319 S COTEAU ST
Pierre SD 57501

*State of South Dakota
Office of the Secretary of State*

Filed in the office of the Secretary of State on: **Friday, January 25, 2008**

Secretary of State

Fee Received: \$10.00

356 0177 01/31/2008

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501-5077
605-773-4845

**BUSINESS CORPORATION
STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

**RECEIVED
JAN 25 2008
S.D. SEC. OF STATE**

FILING FEE: \$10

Pursuant to the provisions of the South Dakota Business Corporation Act, the undersigned corporation submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

- 1. The name of the corporation is Professional Pensions, Inc.
- 2. The name of the registered agent on file is _____
- 3. The street address of the registered office on file _____

Filed this 25th day of Jan 2008
Chris Nelson
SECRETARY OF STATE

Street Address _____ City _____ State _____ ZIP+4 _____

- 4. The name of the successor registered agent is * C T Corporation System

***The Consent of Registered Agent below must be completed by the new agent.**

- 5. The new street address to which the registered office is to be changed (**Required**)
319 S. Coteau Street _____ Pierre _____ SD _____ 57501
Street Address _____ City _____ State _____ ZIP+4 _____

- 6. An optional mailing address may be listed (a complete street address **must** be listed on line 5)
Mailing Address _____ City _____ State _____ ZIP+4 _____

- 7. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

The statement of change shall be signed by an authorized officer of the corporation.

Dated 1/11/08

Miriam Katz

(Signature)

(Printed Name)
Miriam Katz, Assistant Secretary

(Title)

76026059

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, C T Corporation System, hereby give my consent to serve as the
(Name of Registered Agent)
registered agent for the above named corporation.

Dated 1/24/08

Juan Grajeda

(Signature) **Juan Grajeda
Assistant Secretary**

275 0056

2008

ANNUAL REPORT

FOREIGN
PLEASE TYPE OR USE BLACK INK

FILE DATE 04/07/08
RECEIPT NO. 1786003

RECEIVED

APR 07 2008

S.D. SEC. OF STATE

FILING FEE: \$30 MAKE CHECK PAYABLE TO SECRETARY OF STATE

1. Corporate Name and Mailing Address:

FB026059
PROFESSIONAL PENSIONS, INC.
C/O NFP, 500 W. MADISON STREET
SUITE 2400
CHICAGO, IL 60661

Telephone # 312-985-5100

FAX # 312-985-5140

FILING DATE: Due during the month the Certificate of Authority was issued, and delinquent after the last day of the following month.

★ ★ ★ ★ **ATTENTION - FILING INSTRUCTIONS** ★ ★ ★ ★

If ALL of the information is identical as set forth in the prior report, you may check the box below and sign the report. **ANY CHANGE requires full completion of the form.**

ALL OF THE INFORMATION REQUIRED ON THE ANNUAL REPORT IS IDENTICAL AS SET FORTH IN THE PRIOR REPORT.

2. It is incorporated under the laws of Connecticut and the address of its principal office in the state of incorporation is c/o CT Corporation System, One Corporate Center, Floor 11, Hartford, CT Zip + 4 06103-3220

3. The address of its registered office in South Dakota is 319 S. Couteau Street Zip + 4 57501
Pierre, SD

and the name of its registered agent at that address is CT Corporation System

4. Provide a brief description of the nature of the business Insurance and related services

5. The names and business addresses of its directors and principal officers:

NAME	OFFICE	STREET ADDRESS	CITY	STATE	ZIP+4
<u>Luis M. Nunes</u>	<u>Director</u>	<u>245 Long Hill Road, Middletown, CT</u>	<u>06457</u>		
<u>Maria Scarpa</u>	<u>Director</u>	<u>245 Long Hill Road, Middletown, CT</u>	<u>06457</u>		
<u>Luis M. Nunes</u>	<u>President</u>	<u>245 Long Hill Road, Middletown, CT</u>	<u>06457</u>		
<u>Lori M. Lieser</u>	<u>Vice President</u>	<u>500 W. Madison Street, Suite 2400, Chicago, IL</u>	<u>60661</u>		
<u>Stephen Sonnone</u>	<u>Secretary</u>	<u>245 Long Hill Road, Middletown, CT</u>	<u>06457</u>		
<u>Steven Christie</u>	<u>Treasurer</u>	<u>245 Long Hill Road, Middletown, CT</u>	<u>06457</u>		

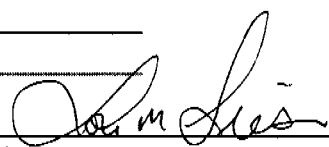
6. The total number of authorized shares, itemized by class and series, if any, within each class:

NUMBER OF AUTHORIZED SHARES	CLASS	SERIES
<u>5,000</u>	<u>common</u>	

NUMBER OF ISSUED AND OUTSTANDING SHARES	CLASS	SERIES
<u>2,633</u>	<u>common</u>	

The statement may be signed by any authorized officer of the Corporation.

Dated 4/4/08


Signature

Lori M. Lieser
Printed Name

Vice President
Title

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077

PHONE: 605-773-4845

www.sdsos.gov

foreignannualreport July 2006



File Number

FB026059



COMMERCIAL REGISTERED AGENT REGISTRATION NOTICE

For

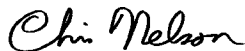
PROFESSIONAL PENSIONS, INC.

Filed at the request of:

C T CORPORATION SYSTEM
319 S. COTEAU STREET
PIERRE, SD 57501-3108

*State of South Dakota
Office of the Secretary of State*

Filed in the office of the Secretary of State on: **Tuesday, July 8, 2008**



Secretary of State

288 1135 03/31/2009

2009

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT
Foreign

Please Type or Print Clearly in Ink

FILING FEE: \$30 Make check payable to SECRETARY OF STATE

FILE DATE 3-1-09
RECEIPT NO 1892172
RECEIVED
FEB 27 2009
S.D. SEC. OF STATE

1. Corporate Name and Mailing Address:



FB026059 MAR/2008
PROFESSIONAL PENSIONS, INC.
C/O NFP
500 W MADDISON ST SUITE 2400
CHICAGO IL 60661-0001

Telephone # 312-985-5100
FAX # 312-985-5190
FILING DATE: Due during the month
the Certificate of Authority was issued,
and delinquent after the last day of the
following month.

2. The jurisdiction under whose law it is formed Connecticut

3. The address of the principal executive office in or out of the State of South Dakota.

10 Research Parkway Wallingford CT 06492
Street Address City State ZIP+4
40 NFP, 500 W. Madison St, Ste 2400, Chicago, IL 60661
Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent

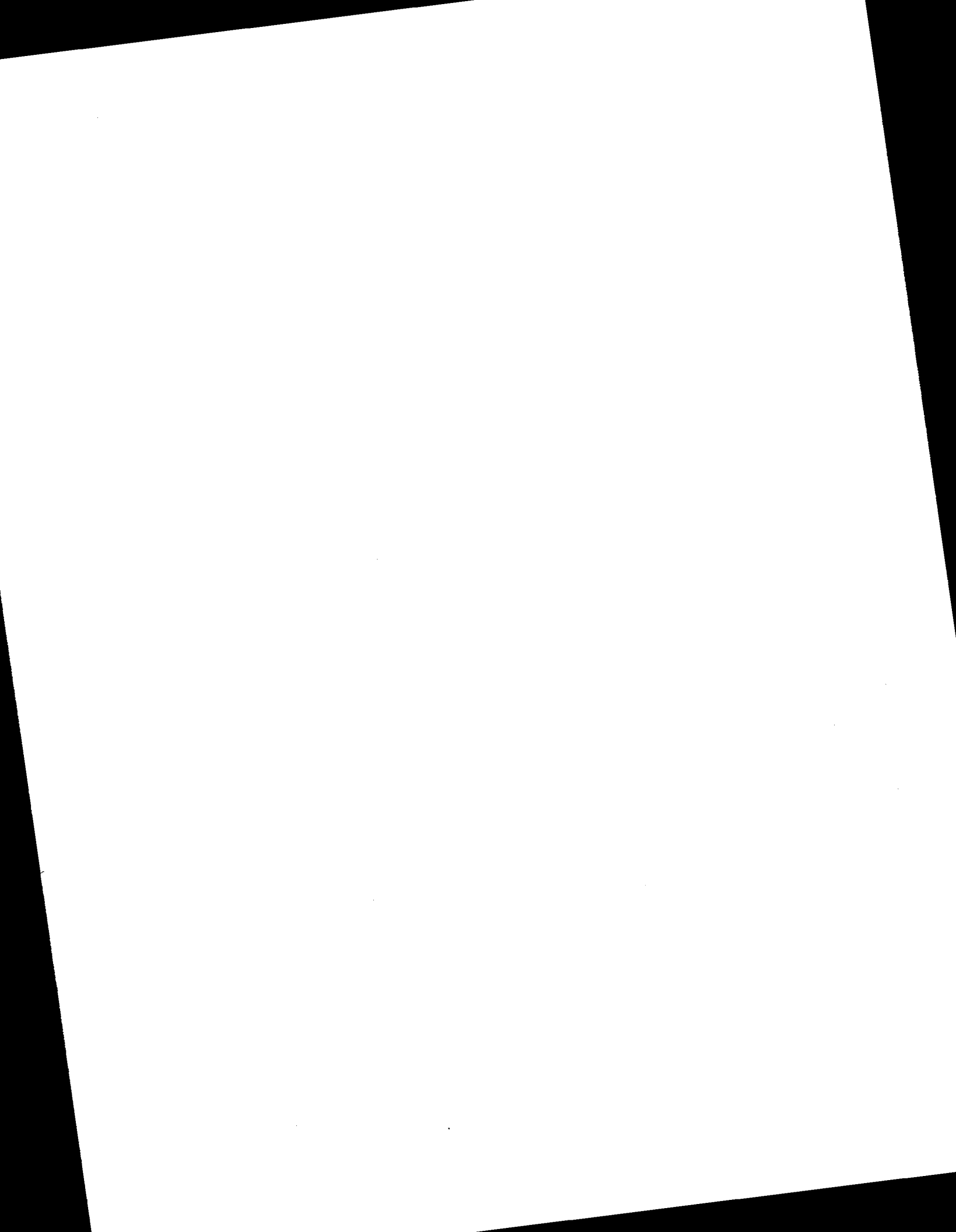
CT Corporation System
319 South Coteau Street Pierre SD 57501
Street Address (Required to be a South Dakota Address) City State ZIP+4
Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

- Luis M. Nunes, 10 Research Parkway, Wallingford, CT 06492
President Street Address City State ZIP+4
- Lori M. Lieser, 500 W. Madison St, Ste 2400, Chicago, IL 60661
Vice President Street Address City State ZIP+4
- Stephen Sonnone, 10 Research Parkway, Wallingford, CT 06492
Secretary Street Address City State ZIP+4
- Steven Christie, 10 Research Parkway, Wallingford, CT 06492
Treasurer Street Address City State ZIP+4
- Maria Scarpa, 10 Research Parkway, Wallingford, CT 06492
Director Street Address City State ZIP+4
- Brett Schneider, 340 Madison Ave, 19th Fl, New York, NY 10173
Director Street Address City State ZIP+4

Dated 2/23/09

Lori M. Lieser
(Signature of an authorized officer)
Lori M. Lieser
(Printed Name)
Vice President
(Title)



2010

ANNUAL REPORT

Foreign

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

Please Type or Print Clearly in Ink

FILING FEE: \$50 Make check payable to SECRETARY OF STATE

FILE DATE 03/15/10

RECEIPT NO 2009112

RECEIVED

MAR 15 2010

S.D. SEC. OF STATE

Telephone # 32-985-5100

FAX # 32-985-5140

FILING DATE: Due during the month the Certificate of Authority was issued, and delinquent after the last day of the following month.

1. Corporate Name and Mailing Address:



FB026059 MAR/2009
PROFESSIONAL PENSIONS, INC.
C/O NFP
500 W MADDISON ST SUITE 2400
CHICAGO IL 60661-4564

2. The jurisdiction under whose law it is formed

Connecticut

3. The address of the principal executive office in or out of the State of South Dakota.

10 Research Parkway Wallingford CT 06492
Street Address City State ZIP+4

40 NFP, 500 W. Madison St, Ste 2400, Chicago IL 60661
Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent

CT Corporation System

319 South Coiteau Street Pierre, SD 57501
Street Address (Required to be a South Dakota Address) City State ZIP+4

Mailing Address (Optional - Required to be a South Dakota Address) City State ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

Luis M. Nunes, 10 Research Parkway, Wallingford, CT 06492
President Street Address City State ZIP+4

Lori M. Lieser, 500 W. Madison St, Chicago IL 60661
Vice President Street Address City State ZIP+4

Stephen Sonnone, 10 Research Parkway, Wallingford, CT 06492
Secretary Street Address City State ZIP+4

Steven Christie, 10 Research Parkway, Wallingford, CT 06492
Treasurer Street Address City State ZIP+4

Maria M. Scarpa, 10 Research Parkway, Wallingford, CT 06492
Director Street Address City State ZIP+4

Brett Schneider, 340 Madison Ave, New York, NY 10173
Director Street Address City State ZIP+4

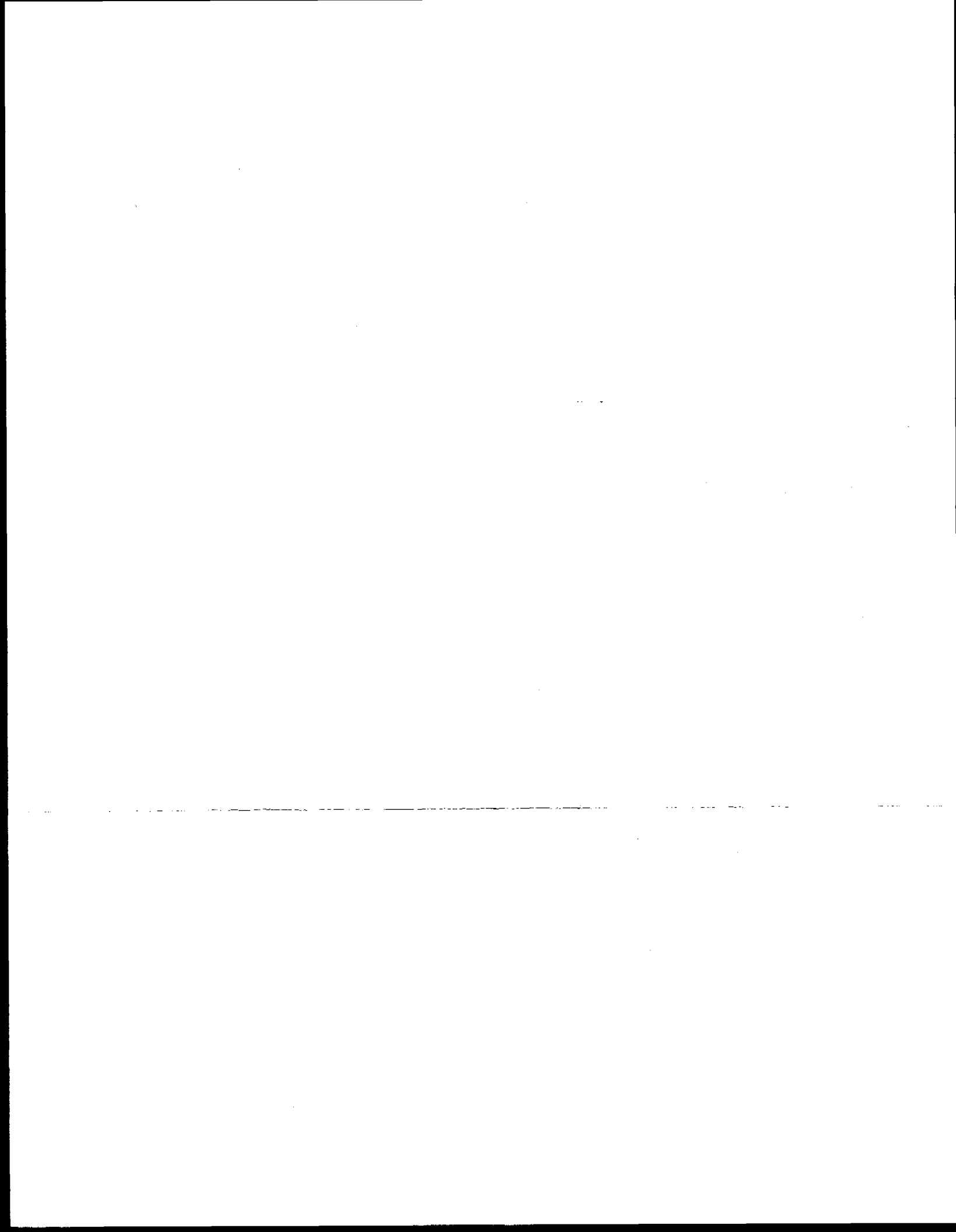
Dated 3/10/10

(Signature of an authorized officer)

Lori M. Lieser
(Printed Name)

Vice President
(Title)

303 0777



317 2059 04/11/2011

2011

ANNUAL REPORT

Foreign

Secretary of State Office
600 E Capitol Ave
Pierre, SD 57501
605)773-4845

Please Type or Print Clearly in Ink

FILING FEE: \$50 Make check payable to SECRETARY OF STATE

Corporate Name and Mailing Address:



FB026059
FB026059 MAR/2010
PROFESSIONAL PENSIONS, INC.
C/O NFP
500 W MADDISON ST SUITE 2400
CHICAGO IL 60661-4564

FILE DATE 2-28-11
RECEIPT NO 2129000
RECEIVED
FEB 28 2011
S.D. SEC. OF STATE

Telephone # 312-985-5700
FAX # 312-985-5740
FILING DATE: Due during the month the Certificate of Authority was issued, and delinquent after the last day of the following month.

2. The jurisdiction under whose law it is formed Connecticut

3. The address of the principal executive office in or out of the State of South Dakota.

10 Research Parkway, Wallingford, CT 06492
Street Address City State ZIP+4

C/O NFP, 500 W. Madison St, Ste 240, Chicago IL 60661-4564
Mailing Address (Optional) City State ZIP+4

4. The name of the South Dakota Registered Agent CT Corporation System

319 South Coteau Street, Pierre SD 57501
Street Address or Rural Route Box Number in This State and City State ZIP+4

Mailing Address in This State, if Different from Street Address City State ZIP+4

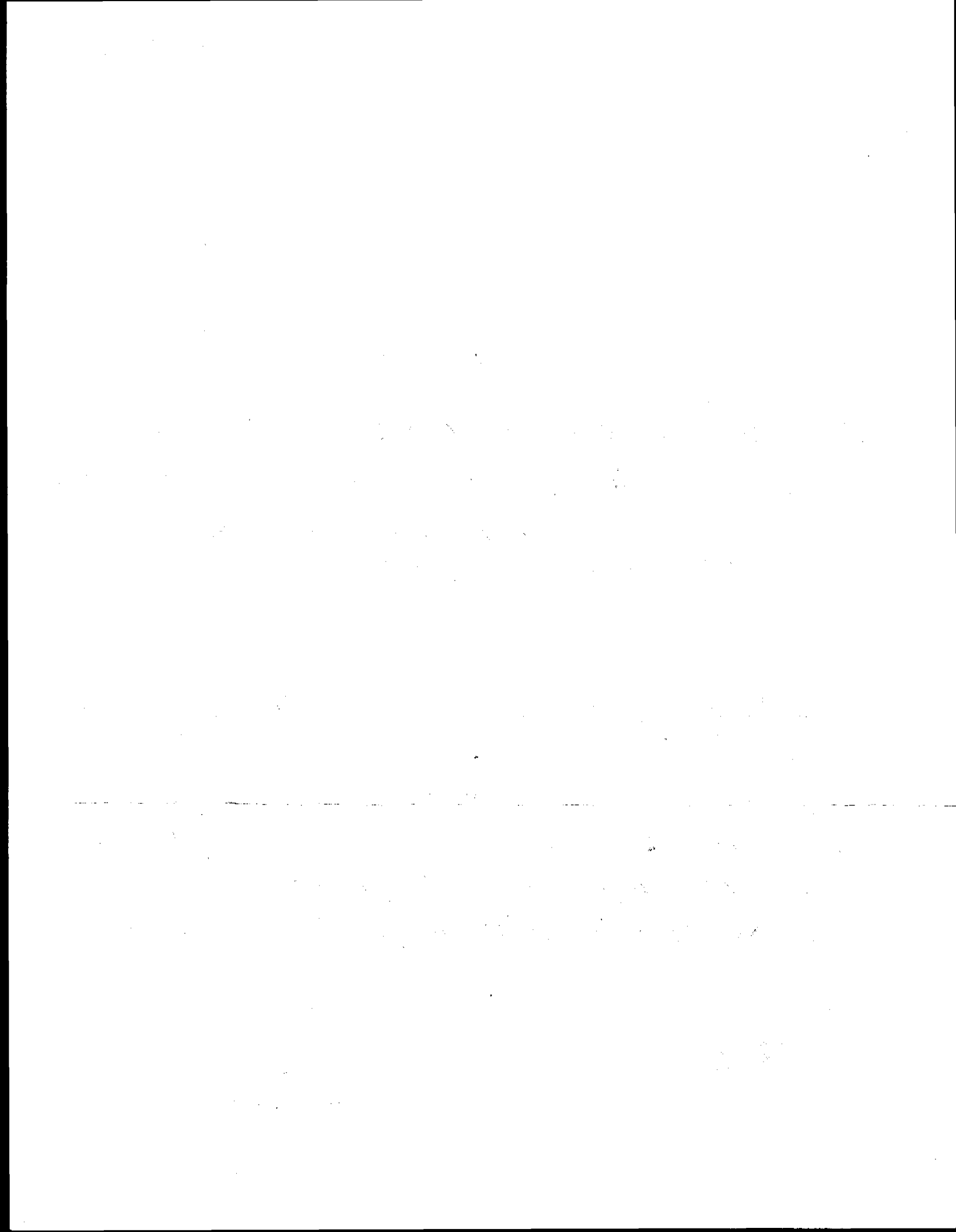
5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

- Luis M. Nunes, 10 Research Parkway, Wallingford, CT 06492
President Street Address City State ZIP+4
- Lori M. Lieser, 500 W. Monroe Street, Chicago IL 60661
Vice President Street Address City State ZIP+4
- Stephen Sonnene, 10 Research Parkway, Wallingford CT 06492
Secretary Street Address City State ZIP+4
- Steven Christie, 10 Research Parkway, Wallingford, CT 06492
Treasurer Street Address City State ZIP+4
- Brett Schneider, 340 Madison Ave, New York, NY 10173
Director Street Address City State ZIP+4
- Malika Hinkson, 340 Madison Ave, New York, NY 10173
Director Street Address City State ZIP+4

No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty.

Dated 2/24/11

Lori M. Lieser
(Signature of an Authorized Person)
Lori M. Lieser
(Printed Name)



2012

Enter Filing Year

ANNUAL REPORT

FILE DATE 03/27/2012

Secretary of State Office

500 E Capitol Ave

Pierre, SD 57501

(605)773-4845

FOREIGN

FILING FEE: \$50.00 Please Type or Print Clearly In Ink
 Make check payable to SECRETARY OF STATE

RECEIPT NO 31797

1. Corporate Name and Address:

FB026059
 PROFESSIONAL PENSIONS, INC.
 10 RESEARCH PARKWAY
 WALLINGFORD, CT 06492-1957

2. The jurisdiction under whose law it is formed CONNECTICUT

3. The address of the principal executive office (business address).

10 RESEARCH PARKWAY	WALLINGFORD	CT	06492-1957
Street Address	City	State	ZIP+4
C/O NFP, 500 W. MADISON ST, STE 2400	CHICAGO	IL	60661-4564
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: C T CORPORATION SYSTEM

319 S. COTEAU STREET	PIERRE	SD	57501-3108
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

<input type="checkbox"/>	LUIS M. NUNES	10 RESEARCH PARKWAY	WALLINGFORD	CT	06492
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	LORI M. LIESER	500 W. MADISON STREET, STE 2400	CHICAGO	IL	60661
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	STEPHEN SONNONE	10 RESEARCH PARKWAY	WALLINGFORD	CT	06492
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	STEVEN CHRISTIE	10 RESEARCH PARKWAY	WALLINGFORD	CT	06492
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>	MALIKA S. HINKSON	340 MADISON AVENUE, 20TH FLOOR	NEW YORK	NY	10173
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	EDWARD O'MALLEY	1250 CAPITAL OF TEXAS HWY S, BLDG 2	AUSTIN	TX	78746
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	BRETT SCHNEIDER	340 MADISON AVENUE, 20TH FLOOR	NEW YORK	NY	10173
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
 By signing this form you agree to have both the fee and the form processed electronically.

Dated 03/27/2012

Signature Accepted Electronically
 (Signature of an Authorized Person)

LORI M. LIESER
 (Printed Name)

2013

Enter Filing Year

ANNUAL REPORT

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

FOREIGN

Please Type or Print Clearly In Ink

FILING FEE: \$50.00 Make check payable to SECRETARY OF STATE

FILE 3/21/2013

RECEIPT NO 104082

1. Corporate Name and Address:

FB026059
PROFESSIONAL PENSIONS, INC.
10 RESEARCH PARKWAY
WALLINGFORD, CT 06492-1957

2. The jurisdiction under whose law it is formed CONNECTICUT

3. The address of the principal executive office (business address).

10 RESEARCH PARKWAY	WALLINGFORD	CT	06492-1957
Street Address	City	State	ZIP+4
C/O NFP, 500 W. MADISON ST, STE 2400	CHICAGO	IL	60661-4564
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: C T CORPORATION SYSTEM

319 S. COTEAU STREET	PIERRE	SD	57501-3108
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

<input type="checkbox"/>	LUIS M. NUNES	10 RESEARCH PARKWAY	WALLINGFORD	CT	06492
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	LORI M. LIESER	500 W. MADISON STREET, STE 2400	CHICAGO	IL	60661
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	RICHARD GALLAGHER	10 RESEARCH PARKWAY	WALLINGFORD	CT	06492
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	MARIA SCARPA	10 RESEARCH PARKWAY	WALLINGFORD	CT	06492
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>	MALIKA S. HINKSON	340 MADISON AVENUE, 20TH FLOOR	NEW YORK	NY	10173
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	EDWARD O'MALLEY	1250 CAPITAL OF TEXAS HWY S, BLDG 2	AUSTIN	TX	78746
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	BRETT SCHNEIDER	340 MADISON AVENUE, 20TH FLOOR	NEW YORK	NY	10173
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty. By signing this form you agree to have both the fee and the form processed electronically.

Date 03/21/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

LORI M. LIESER

(Printed Name)

2014

Enter Filing Year

ANNUAL REPORT

FILE 3/19/2014

RECEIPT NO 185865

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

FOREIGN

Please Type or Print Clearly In Ink

FILING FEE: \$50.00 Make check payable to SECRETARY OF STATE

1. Corporate Name and Address:

FB026059
PROFESSIONAL PENSIONS, INC.
10 RESEARCH PARKWAY
WALLINGFORD, CT 06492-1957

2. The jurisdiction under whose law it is formed CONNECTICUT

3. The address of the principal executive office (business address).

10 RESEARCH PARKWAY	WALLINGFORD	CT	06492-1957
Street Address	City	State	ZIP+4
C/O NFP, 500 W. MADISON STREET, STE 2400	CHICAGO	IL	60661-4564
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: C T CORPORATION SYSTEM

319 S. COTEAU STREET	PIERRE	SD	57501-3108
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

<input type="checkbox"/>	LUIS M. NUNES	10 RESEARCH PARKWAY	WALLINGFORD	CT	06492
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	LORI M. LIESER	500 W. MADISON STREET, STE 2400	CHICAGO	IL	60661
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	RICHARD GALLAGHER	10 RESEARCH PARKWAY	WALLINGFORD	CT	06492
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	MARIA SCARPA	10 RESEARCH PARKWAY	WALLINGFORD	CT	06492
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>	EVAN A. MICHAEL	340 MADISON AVENUE, 20TH FLOOR	NEW YORK	NY	10173
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	EDWARD O'MALLEY	1250 CAPITAL OF TEXAS HWY S, BLDG 2	AUSTIN	TX	78746
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	BRETT SCHNEIDER	340 MADISON AVENUE, 20TH FLOOR	NEW YORK	NY	10173
	Director	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty. By signing this form you agree to have both the fee and the form processed electronically.

Date 03/19/2014

Signature Accepted Electronically

(Signature of an Authorized Person)

LORI M. LIESER

(Printed Name)

2015

Enter Filing Year

ANNUAL REPORT

FILE DATE 3/20/2015

RECEIPT NO 284545

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

FOREIGN

Please Type or Print Clearly In Ink

FILING FEE: \$50.00 Make check payable to SECRETARY OF STATE

1. Corporate Name and Address:

FB026059
PROFESSIONAL PENSIONS, INC.
10 RESEARCH PARKWAY
WALLINGFORD, CT 06492-1957

2. The jurisdiction under whose law it is formed CONNECTICUT

3. The address of the principal executive office (business address).

10 RESEARCH PARKWAY	WALLINGFORD	CT	06492-1957
Street Address	City	State	ZIP+4
C/O NFP, 500 W. MADISON STREET, STE 2400	CHICAGO	IL	60661-4564
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: <u>C T CORPORATION SYSTEM</u>			
319 S. COTEAU STREET	PIERRE	SD	57501-3108
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors. Please place a check mark next to the name if the principal officer serves as a director.

<input type="checkbox"/>	LUIS M. NUNES	10 RESEARCH PARKWAY	WALLINGFORD	CT	06492
	President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	LORI M. LIESER	500 W. MADISON STREET, STE 2400	CHICAGO	IL	60661
	Vice President	Street Address	City	State	ZIP+4
<input type="checkbox"/>	RICHARD GALLAGHER	10 RESEARCH PARKWAY	WALLINGFORD	CT	06492
	Secretary	Street Address	City	State	ZIP+4
<input type="checkbox"/>	MARIA SCARPA	10 RESEARCH PARKWAY	WALLINGFORD	CT	06492
	Treasurer	Street Address	City	State	ZIP+4
<input type="checkbox"/>	EVAN A. MICHAEL	340 MADISON AVENUE, 20TH FLOOR	NEW YORK	NY	10173
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	EDWARD O'MALLEY	1250 CAPITAL OF TEXAS HWY S, BLDG 2	AUSTIN	TX	78746
	Director	Street Address	City	State	ZIP+4
<input type="checkbox"/>	BRETT SCHNEIDER	340 MADISON AVENUE, 20TH FLOOR	NEW YORK	NY	10173
	Director	Street Address	City	State	ZIP+4

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Dated 03/20/2015

Signature Accepted Electronically

(Signature of an Authorized Person)

LORI M LIESER

(Printed Name)

2016

Enter Filing Year

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT
FOREIGN CORPORATION

SDCL 59-11-24, 24.1

Please Type or Print Clearly In Ink

FILING FEE: \$50.00 Make check payable to SECRETARY OF STATE

FILE DATE 3/22/2016

RECEIPT NO 396595

1. Corporate ID and Name:

FB026059

Enter Corporate ID

PROFESSIONAL PENSIONS, INC.

Enter Corporate Name

2. The jurisdiction under whose law it is formed CONNECTICUT

3. The address of the principal executive office (business address).

10 RESEARCH PARKWAY	WALLINGFORD	CT	06492-1957
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
C/O NFP, 500 W. MADISON STREET, STE 2710 500 W MADDISON ST SUITE 2400	CHICAGO	IL	60661-4564
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: C T CORPORATION SYSTEM

319 S. COTEAU STREET	PIERRE	SD	57501-3108
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors (governors). If, pursuant to SDCL 47-1A-732(1), the board of directors has been eliminated, list the names of the shareholders.

<input type="checkbox"/> LUIS M. NUNES	10 RESEARCH PARKWAY	WALLINGFORD	CT	06492
President	Actual Street Address	City	State	ZIP+4
<input type="checkbox"/> LORI M. LIESER	500 W. MADISON STREET, STE 2400	CHICAGO	IL	60661
Vice President	Actual Street Address	City	State	ZIP+4
<input type="checkbox"/> RICHARD GALLAGHER	10 RESEARCH PARKWAY	WALLINGFORD	CT	06492
Secretary	Actual Street Address	City	State	ZIP+4
<input type="checkbox"/> MARIA SCARPA	10 RESEARCH PARKWAY	WALLINGFORD	CT	06492
Treasurer	Actual Street Address	City	State	ZIP+4

<input type="checkbox"/>	EVAN A. MICHAEL	340 MADISON AVENUE, 20TH FLOOR	NEW YORK	NY	10173
Director		Actual Street Address	City	State	ZIP+4
<input type="checkbox"/>	EDWARD O'MALLEY	1250 CAPITAL OF TEXAS HWY S, BLDG 2	AUSTIN	TX	78746
Director		Actual Street Address	City	State	ZIP+4
<input type="checkbox"/>	BRETT SCHNEIDER	340 MADISON AVENUE, 20TH FLOOR	NEW YORK	NY	10173
Director		Actual Street Address	City	State	ZIP+4

6. Beneficial Interest (optional)

Owner	Description of Ownership	Percentage/Value
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No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty (SDCL 47-1A-129).

Dated

Signature Accepted Electronically

(Signature of an Authorized Person)

LORI M LIESER

(Printed Name)