No. <b>C 138207</b>		Due no later than Mar 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		C T CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  NFP INSURANCE SERVICES, INC. C/O NFP CORP. 500 W. MADISON STREET		921 S ORCHARD ST STE G BOISE ID 83705			
NO FILING FEE IF RECEIVED BY DUE DATE		SUITE 2710 CHICAGO IL 60661		3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
PRESIDENT	EDWARD O'MALLEY		1250 CAPITAL OF TEXAS HWY, S BUILDING 2	AUSTIN	TX	USA	78746
SECRETARY	R. BREDT NORWOOD		1250 CAPITAL OF TEXAS HWY, S BUILDING 2	AUSTIN	TX	USA	78746
DIRECTOR	DOUGLAS W	. HAMMOND	340 MADISON AVENUE 20TH FLOOR	NEW YORK	NY	USA	10173
DIRECTOR	EDWARD O'	MALLEY	1250 CAPITAL OF TEXAS HWY S BUILDING 2	AUSTIN	TX	USA	78746
TREASURER	TOMAS POVEDANO		1250 CAPITAL OF TEXAS HWY, S BUILDING 2	AUSTIN	TX	USA	78746
VICE PRESIDENT	LORI M. LIESER		500 W. MADISON STREET SUITE 2710	CHICAGO	IL	USA	60661
5. Organized Under the Laws of: 6. Annual Report mu		6. Annual Report must l	pe signed.*				
TX C 138207		Signature: LORI M. LIESER		Date: 03/09/2016			
		Name (type or print): LORI M. LIESER Title: VICE PRESIDENT					
Processed 03/09/2016 * Electronically provided signatures are accepted as original signatures.							