

State of Idaho

Office of the Secretary of State

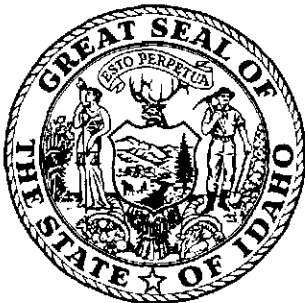
**CERTIFICATE OF REGISTRATION
OF
NFP HEALTHCARE INDUSTRY INSURANCE SERVICES, INC.**

File Number C 206417

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: July 7, 2015



Lawrence Denney
SECRETARY OF STATE

By *Beatty*



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the form in duplicate.

FILED EFFECTIVE
2015 JUL -7 PM 12:55
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: NFP Healthcare Industry Insurance Services, Inc.
2. The name which it shall use in Idaho is: NFP Healthcare Industry Insurance Services, Inc.
(Enter a name here only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:

<input checked="" type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
<input type="checkbox"/> Other: _____ <small>(Provide detailed foreign entity type here)</small>	
4. Jurisdiction of formation: Arizona
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
8201 North Hayden Road Scottsdale, AZ 85258

(Street Address)	(City)	(State)	(Zipcode)
(Mailing Address, if different)	(City)	(State)	(Zipcode)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

(Street Address)	(City)	(State)	(Zipcode)
(Mailing Address, if different)	(City)	(State)	(Zipcode)
7. The address to which correspondence should be addressed, if different from item 5, is:
500 W Madison St, Suite 2710 Chicago, IL 60661

(Street Address)	(City)	(State)	(Zipcode)
------------------	--------	---------	-----------
8. Name and street address of registered agent in Idaho:
C T Corporation System 921 S Orchard St, Suite G Boise, ID 83705

(Name)	(Address)	(City)	(State)	(Zipcode)
--------	-----------	--------	---------	-----------
9. The name, capacity, and mailing address of at least one governor:

<u>please see attached</u>	(Name and capacity)	(Address)	(City)	(State)	(Zipcode)
	(Name and capacity)	(Address)	(City)	(State)	(Zipcode)
	(Name and capacity)	(Address)	(City)	(State)	(Zipcode)

Typed Name: Suzanne Spradley
Signature: Suzanne Spradley
Capacity: Vice President

Secretary of State use only

IDAHO SECRETARY OF STATE

07/07/2015 05:00

CK:517623 CT:223028 BH:1482852
1@ 100.00 = 100.00 FOR REG ST #2
1@ 20.00 = 20.00 EXPEDITE C #3

C200417

Exhibit

Entity: NFP Healthcare Industry Insurance Services, Inc.
FEIN: 86-0549953

<u>Owner</u>				
NAME	ADDRESS	FEIN	% OF CONTROL	
NFP Property & Casualty Services, Inc.	707 Westchester Avenue White Plains, NY 10604	86-0549953	100%	

<u>Officers</u>					
NAME	TITLE	DOB	SSN	BUSINESS ADDRESS	% OF CONTROL
Terrence M. Scali	CEO, President, Secretary, Treasurer	[REDACTED]	[REDACTED]	8201 N. Hayden Road Scottsdale, AZ 85258	0
Lori M. Lieser	Vice President	[REDACTED]	[REDACTED]	500 W. Madison St Ste 2400 Chicago, IL 60661	0
Veronica C. Moo	Assistant Secretary	[REDACTED]	[REDACTED]	340 Madison Ave FL 20 New York, NY 10173	0
Suzanne Spradley	Vice President	[REDACTED]	[REDACTED]	1250 S Cap of TX Hwy, Bldg 2, Suite 125 Austin, TX 78748	0

<u>Directors</u>					
NAME	TITLE	DOB	SSN	BUSINESS ADDRESS	% OF CONTROL
Michael N. Goldman	Director	[REDACTED]	[REDACTED]	340 Madison Avenue 21 st Floor New York, NY 10173	0
Brett R. Schneider	Director	[REDACTED]	[REDACTED]	340 Madison Ave FL 20 New York, NY 10173	0
Evan Michael	Director	[REDACTED]	[REDACTED]	340 Madison Ave FL 20 New York, NY 10173	0

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Jodi A. Jerich, Executive Director of the Arizona Corporation Commission, do hereby certify that

*****NFP HEALTHCARE INDUSTRY INSURANCE SERVICES, INC.*****

a domestic corporation organized under the laws of the State of Arizona, did incorporate on April 30 1986.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Business Corporation Act; and that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-122, 10-123, 10-125 & 10-1622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 1st day of July, 2015, A. D.



Jodi A. Jerich
Jodi A. Jerich, Executive Director

By: 1257591