

No. <b>C 206417</b>		<b>Due no later than Jul 31, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> NFP HEALTHCARE INDUSTRY INSURANCE SERVICES, INC. 8201 NORTH HAYDEN ROAD SCOTTSDALE AZ 85258		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705		
				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
DIRECTOR	BRETT SCHNEIDER	340 MADISON AVENUE 20TH FLOOR	NEW YORK	NY	USA	10173
DIRECTOR	EVAN A MICHAEL	340 MADISON AVENUE 20TH FLOOR	NEW YORK	NY	USA	10173
DIRECTOR	MICHAEL N GOLDMAN	340 MADISON AVENUE 20TH FLOOR	NEW YORK	NY	USA	10173
TREASURER	TERRENCE M SCALI	8201 NORTH HAYDEN ROAD	SCOTTSDALE	AZ	USA	85258
VICE PRESIDENT	LORI M. LIESER	500 W. MADISON STREET SUIT 2710	CHICAGO	IL	USA	60661
PRESIDENT	TERRENCE M SCALI	8201 NORTH HAYDEN ROAD	SCOTTSDALE	AZ		85258
SECRETARY	TERRENCE M SCALI	8201 NORTH HAYDEN ROAD	SCOTTSDALE	AZ		85258
5. Organized Under the Laws of:  <b>AZ</b> <b>C 206417</b>		6. Annual Report must be signed.* Signature: Lori M. Lieser Name (type or print): Lori M. Lieser				
		Date: 08/26/2016 Title: Vice President				
Processed 08/26/2016		* Electronically provided signatures are accepted as original signatures.				