

No. C 206417		Due no later than Jul 31, 2017		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. 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
PRESIDENT	TERRENCE M SCALI	8201 NORTH HAYDEN ROAD	SCOTTSDALE	AZ		85258
SECRETARY	TERRENCE M SCALI	8201 NORTH HAYDEN ROAD	SCOTTSDALE	AZ		85258
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
5. Organized Under the Laws of: AZ C 206417		6. Annual Report must be signed.* Signature: Lori M. Lieser Name (type or print): Lori M. Lieser				
		Date: 07/24/2017 Title: Vice President				
Processed 07/24/2017		* Electronically provided signatures are accepted as original signatures.				