

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000773

FILED
Apr 27, 2011
Secretary of State

Entity Name: NATIONAL FINANCIAL PARTNERS CORP.

Current Principal Place of Business:

340 MADISON AVENUE
20TH FLOOR
NEW YORK, NY 10173

New Principal Place of Business:

Current Mailing Address:

C/O NFP, 500 W MADISON ST
SUITE 2400
CHICAGO, IL 60661

New Mailing Address:

FEI Number: 13-4029115 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BIBLIOWICZ, JESSICA
Address: 340 MADISON AVENUE, 20TH FLOOR
City-St-Zip: NEW YORK, NY 10173

Title: CFO
Name: BLANK, DONNA
Address: 340 MADISON AVENUE, 20TH FLOOR
City-St-Zip: NEW YORK, NY 10173

Title: COO
Name: HAMMOND, DOUGLAS
Address: 340 MADISON AVENUE, 20TH FLOOR
City-St-Zip: NEW YORK, NY 10173

Title: V
Name: LIESER, LORI M
Address: 500 W. MADISON STREET, SUITE 2400
City-St-Zip: CHICAGO, IL 60661

Title: EVP
Name: GOLDMAN, MICHAEL
Address: 340 MADISON AVENUE, 19TH FLOOR
City-St-Zip: NEW YORK, NY 10173

Title: SVP
Name: HINKSON, MALIKA
Address: 340 MADISON AVENUE, 20TH FLOOR
City-St-Zip: NEW YORK, NY 10173

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LORI M. LIESER

V

04/27/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date