

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000650

FILED
Apr 23, 2007
Secretary of State

Entity Name: NFP BROKERAGE INSURANCE SERVICES, INC.

Current Principal Place of Business:

3535 GRANDVIEW PKWY
600
BIRMINGHAM, AL 35243

New Principal Place of Business:

Current Mailing Address:

3535 GRANDVIEW PKWY
600
BIRMINGHAM, AL 35243

New Mailing Address:

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

FEI Number: 63-1216604

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KEIDAN, RICHARD
Address: 3535 GRANDVIEW PKWY - # 600
City-St-Zip: BIRMINGHAM, AL 35243

Title: VPS () Delete
Name: LAWRENCE, W. DREW
Address: 3535 GRANDVIEW PKWY - # 600
City-St-Zip: BIRMINGHAM, AL 35243

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KEIDAN, RICHARD
Address: 3535 GRANDVIEW PKWY - # 600
City-St-Zip: BIRMINGHAM, AL 35243 US

Title: STD (X) Change () Addition
Name: LAWRENCE, W. DREW
Address: 3535 GRANDVIEW PKWY - # 600
City-St-Zip: BIRMINGHAM, AL 35243 US

Title: VP () Change (X) Addition
Name: LIESER, LORI M
Address: 500 W. MADISON STREET, SUITE 2400
City-St-Zip: CHICAGO, IL 60661 US

Title: D () Change (X) Addition
Name: ZUCCARO, ROBERT S
Address: 787 SEVENTH AVENUE, 11TH FLOOR
City-St-Zip: NEW YORK, NY 10019 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LORI M. LIESER

VP

04/23/2007

Electronic Signature of Signing Officer or Director

_____ Date