

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000650

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** NFP BROKERAGE INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

1250 CAPITAL OF TEXAS HWY, S  
BUILDING 2  
AUSTIN, TX 78746

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: EVANS, VICKI  
Address: 1250 CAPITAL OF TEXAS HWY S, BLDG 2  
City-St-Zip: AUSTIN, TX 78746 US

Title: S  
Name: NORWOOD, R. BREDD  
Address: 1250 CAPITAL OF TEXAS HWY S, BLDG 2  
City-St-Zip: AUSTIN, TX 78746 US

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

Title: D  
Name: SCHNEIDER, BRETT  
Address: 340 MADISON AVENUE, 20TH FLOOR  
City-St-Zip: NEW YORK, NY 10173 US

Title: T  
Name: YIN, KELLY  
Address: 1250 CAPITAL OF TEXAS HWY S, BLDG 2  
City-St-Zip: AUSTIN, TX 78746

Title: D  
Name: HINKSON, MALIKA S  
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

04/28/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date