

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000000773

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC0697727501**

**Entity Name:** NATIONAL FINANCIAL PARTNERS CORP.

**Current Principal Place of Business:**

340 MADISON AVENUE  
20TH FLOOR  
NEW YORK, NY 10173

**Current Mailing Address:**

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

**FEI Number:** 13-4029115

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

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

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

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

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

Title SECRETARY  
Name ROBB, TIMOTHY  
Address 340 MADISON AVENUE, 20TH FLOOR  
City-State-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

**VICE PRESIDENT**

**04/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date