

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000650

Entity Name: NFP BROKERAGE INSURANCE SERVICES, INC.

FILED
Apr 29, 2020
Secretary of State
3051560202CC

Current Principal Place of Business:

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

Current Mailing Address:

C/O NFP, 500 W. MADISON STREET
SUITE 2710
CHICAGO, IL 60661 US

FEI Number: 63-1216604

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 P
Name GOLDMAN, MICHAEL N.
Address 340 MADISON AVENUE
20TH FLOOR
City-State-Zip: NEW YORK NY 10173

Title S
Name EPTSTEIN, ROSS M.
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 TREASURER, DIRECTOR
Name SCHNEIDER, BRETT
Address 340 MADISON AVENUE, 20TH FLOOR
City-State-Zip: NEW YORK NY 10173

Title D
Name MOO, VERONICA
Address 340 MADISON AVENUE, 20TH FLOOR
City-State-Zip: NEW YORK NY 10173

Title DIRECTOR
Name O'MALLEY, EDWARD
Address 1250 CAPITAL OF TEXAS HWY S
BUILDING 2
City-State-Zip: AUSTIN TX 78746

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

04/29/2020

Electronic Signature of Signing Officer/Director Detail

Date