2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000650

Entity Name: NFP BROKERAGE INSURANCE SERVICES, INC.

FILED Apr 28, 2019 **Secretary of State** 8674612382CC

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 Title S

GOLDMAN, MICHAEL N. EPTSTEIN, ROSS M. Name Name Address 340 MADISON AVENUE Address 340 MADISON AVENUE

20TH FLOOR 20TH FLOOR

NEW YORK NY 10173 NEW YORK NY 10173 City-State-Zip: City-State-Zip:

Title VΡ Title TREASURER, DIRECTOR LIESER, LORI M SCHNEIDER, BRETT Name Name

500 W. MADISON STREET, SUITE 340 MADISON AVENUE, 20TH FLOOR Address Address

Name

O'MALLEY, EDWARD

2400

City-State-Zip: NEW YORK NY 10173 CHICAGO IL 60661 City-State-Zip:

Title DIRECTOR Title D

MOO, VERONICA Name

1250 CAPITAL OF TEXAS HWY S Address Address

340 MADISON AVENUE, 20TH FLOOR **BUILDING 2**

City-State-Zip: AUSTIN TX 78746 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.

VICE PRESIDENT SIGNATURE: LORI M. LIESER

Electronic Signature of Signing Officer/Director Detail

04/28/2019 Date