

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006080

Entity Name: NATIONAL INSURANCE SERVICES OF WISCONSIN, INC.**Current Principal Place of Business:**250 SOUTH EXECUTIVE DR.
SUITE 300
BROOKFIELD, WI 53005-4273**Current Mailing Address:**250 SOUTH EXECUTIVE DR.
SUITE 300
BROOKFIELD, WI 53005-4273**FEI Number:** 39-1258067**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
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 | C |
| Name | BRISCOE, TERRY |
| Address | 250 S EXECUTIVE DR STE 300 |
| City-State-Zip: | BROOKFIELD WI 53005 |

| | |
|-----------------|--------------------|
| Title | DP |
| Name | MILLER, BRUCE |
| Address | 1335 MILWAUKEE ST |
| City-State-Zip: | DELAFIELD WI 53018 |

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|-----------------|-----------------------------|
| Title | D |
| Name | EHR SAM, THOMAS |
| Address | W325 N7212 CLEARWATER COURT |
| City-State-Zip: | HARTLAND WI 53029 |

| | |
|-----------------|----------------------------|
| Title | DVS |
| Name | BRISCOE, SCOTT |
| Address | 14950 WEST SAN MATEO DRIVE |
| City-State-Zip: | NEW BERLIN WI 53151 |

| | |
|-----------------|----------------------------|
| Title | DV |
| Name | EHR SAM, HENRY |
| Address | 250 S EXECUTIVE DR STE 300 |
| City-State-Zip: | BROOKFIELD WI 53005 |

| | |
|-----------------|--------------------------|
| Title | DVT |
| Name | NORTON, DAVID |
| Address | 250 EXECUTIVE DR STE 300 |
| City-State-Zip: | BROOKFIELD WI 53005-4273 |

| | |
|-----------------|--------------------------------------|
| Title | DV |
| Name | LAUDON, STEPHANIE |
| Address | 250 SOUTH EXECUTIVE DR. SUITE 300 |
| City-State-Zip: | BROOKFIELD WI 53005-4273 |

| | |
|-----------------|--------------------------------------|
| Title | DV |
| Name | LAUCK, FRANK |
| Address | 250 SOUTH EXECUTIVE DR. SUITE 300 |
| City-State-Zip: | BROOKFIELD WI 53005-4273 |

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: SCOTT BRISCOE**DVS****01/13/2014**

Electronic Signature of Signing Officer/Director Detail

Date