

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000005362

**Entity Name:** NEBRASKA STUDENT LOAN PROGRAM, INC.

**Current Principal Place of Business:**

1300 O STREET  
LINCOLN, NE 68501-2507

**Current Mailing Address:**

PO BOX 82507  
LINCOLN, NE 68501-2507 US

**FEI Number: 36-3514573**

**Certificate of Status Desired: Yes**

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

UNITED CORPORATE SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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 VIERK, RICHARD  
Address 1300 O STREET  
City-State-Zip: LINCOLN NE 68501-2507

Title D  
Name GOINS, ANTHONY  
Address 1300 O STREET  
City-State-Zip: LINCOLN NE 68501-2507

Title P  
Name HEESACKER, RANDY  
Address 1300 O STREET  
City-State-Zip: LINCOLN NE 68501-2507

Title VP  
Name MACOUBRIE, DAVID  
Address 1300 O STREET  
City-State-Zip: LINCOLN NE 68501-2507

Title ST  
Name HICKS, JILL  
Address 1300 O STREET  
City-State-Zip: LINCOLN NE 68501-2507

Title VP  
Name DOWNING, SUE  
Address 1300 O STREET  
City-State-Zip: LINCOLN NE 68501-2507

Title VP  
Name KOHL, BILL  
Address 1300 O STREET  
City-State-Zip: LINCOLN NE 68501-2507

Title VP  
Name LUBBEN, MIKE  
Address 1300 O STREET  
City-State-Zip: LINCOLN NE 68501-2507

**Continues on page 2**

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JILL HICKS**

**CFO**

**02/08/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR

Name KNECHT, JOSEPH

Address 1300 O STREET

City-State-Zip: LINCOLN NE 68501-2507