

1.) CORPORATION NAME:

NFIB MEMBER SERVICES CORPORATION

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802**

DUE DATE: **3/31/2012**

SCC ID NO: **F1287103**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 53 CENTURY BLVD STE 250

CITY/ST/ZIP: NASHVILLE, TN 37214-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: DONALD A DANNER
TITLE: PRES/CEO
ADDRESS: 1201 F STREET NW STE 200
CITY/ST/ZIP/CO: WASHINGTON, DC 20004-

OFFICER

DIRECTOR

NAME: MARY BLASINSKY
TITLE: SVP/SEC
ADDRESS: 1201 F STREET NW STE 200
CITY/ST/ZIP/CO: WASHINGTON, DC 20004-

OFFICER

DIRECTOR

NAME: JEFF SMITH
TITLE: TREASURER
ADDRESS: 53 CENTURY BLVD STE 250
CITY/ST/ZIP/CO: NASHVILLE, TN 37214-

OFFICER

DIRECTOR

NAME: TAMMY BOEHMS
TITLE: SVP/CFO
ADDRESS: 53 CENTURY BLVD STE 250
CITY/ST/ZIP/CO: NASHVILLE, TN 37214-

OFFICER

DIRECTOR

NAME: MARIA COAKLEY DAVID
TITLE: DIRECTOR
ADDRESS: 1201 F STREET NW STE 200
CITY/ST/ZIP/CO: WASHINGTON, DC 20004-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NEVIN GROCE DIRECTOR 1201 F STREET NW STE 200 WASHINGTON, DC 20004-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID GUERNSEY DIRECTOR 1201 F STREET NW STE 200 WASHINGTON, DC 20004-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JUNE LENNON DIRECTOR 1201 F STREET NW STE 200 WASHINGTON, DC 20004-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RUTH LOPEZ NOVODOR DIRECTOR 1201 F STREET NW STE 200 WASHINGTON, DC 20004-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BETTY NEIGHBORS DIRECTOR 1201 F STREET NW STE 200 WASHINGTON, DC 20004-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MIKE NOBIS DIRECTOR 1201 F STREET NW STE 200 WASHINGTON, DC 20004-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KURT SUMMERS DIRECTOR 1201 F STREET NW STE 200 WASHINGTON, DC 20004-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIM CLAYTON DIRECTOR 1201 F STREET NW STE 200 WASHINGTON, DC 20004-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES HERR DIRECTOR 1201 F STREET NW STE 200 WASHINGTON, DC 20004-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRUCE O'DONOGHUE DIRECTOR 1201 F STREET NW STE 200 WASHINGTON, DC 20004-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: STEVE SCHRAMM TITLE: DIRECTOR ADDRESS: 1201 F STREET NW STE 200 CITY/ST/ZIP/CO: WASHINGTON, DC 20004-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JEFF READY TITLE: DIRECTOR ADDRESS: 1201 F STREET NW STE 200 CITY/ST/ZIP/CO: WASHINGTON, DC 20004-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ TAMMY BOEHMS	TAMMY BOEHMS, SVP/CFO	2/10/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.