

1.) CORPORATION NAME:

**NFIB MEMBER SERVICES CORPORATION**

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARY BLASINSKY TITLE: SVP/SEC ADDRESS: 1201 F STREET NW STE 200 CITY/ST/ZIP/CO: WASHINGTON, DC 20004	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JEFF SMITH TITLE: TREASURER ADDRESS: 53 CENTURY BLVD STE 250 CITY/ST/ZIP/CO: NASHVILLE, TN 37214	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TAMMY S BOEHMS TITLE: SVP/CFO ADDRESS: 53 CENTURY BLVD STE 250 CITY/ST/ZIP/CO: NASHVILLE, TN 37214	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MARIA COAKLEY DAVID 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
NAME: NEVIN GROCE 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

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:	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:	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:	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:	BRUCE O'DONOGHUE 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:	JEFF READY 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:	STEVE SCHRAMM 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:	MARK GARZONE SVP 1201 F STREET NW STE 200 WASHINGTON, DC 20004	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM BRYCE DIRECTOR 1201 F STREET NW STE 200 WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JOSE VILLA 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
------------------------------------------------------------------------------------------------------------------	----------------------------------	----------------------------------------------

NAME: SHERRY WUEBBEN 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
----------------------------------------------------------------------------------------------------------------------	----------------------------------	----------------------------------------------

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 S BOEHMS	TAMMY S BOEHMS, SVP/CFO	2/1/2013
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.