

1.) CORPORATION NAME:

NFP Risk Management Services, Inc.

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1433103**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|-------|------------|
| COMA | 200 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 70 E SUNRISE HGWY SUITE 411

CITY/ST/ZIP: VALLEY STREAM, NY 11581

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.

| | | |
|-----------------|---|-----------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | TERRENCE M. SCALI | |
| TITLE: | PRESIDENT | |
| ADDRESS: | 70 E SUNRISE HGWY SUITE 411 | |
| CITY/ST/ZIP/CO: | VALLEY STREAM, NY 11581 | |

| | | |
|-----------------|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | MALIKA HINKSON | |
| TITLE: | VICE PRESIDENT | |
| ADDRESS: | 340 MADISON AVE, 19TH FL | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10173 | |

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| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | LORI M. LIESER | |
| TITLE: | VICE PRESIDENT | |
| ADDRESS: | 500 W MADISON SUITE 2400 | |
| CITY/ST/ZIP/CO: | CHICAGO, IL 60661 | |

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|-----------------|---|-----------------------------------|
| | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | DAVID MAXHAM | |
| TITLE: | T/S | |
| ADDRESS: | 70 E SUNRISE HGWY SUITE 411 | |
| CITY/ST/ZIP/CO: | VALLEY STREAM, NY 11581 | |

| | | |
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| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | EDWARD O'MALLEY | |
| TITLE: | DIRECTOR | |
| ADDRESS: | 1250 CAPITAL OF TEXAS HWY S BUILDING 2 | |
| CITY/ST/ZIP/CO: | AUSTIN, TX 78746 | |

| | | |
|-----------------|----------------------------------|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | BRETT SCHNEIDER | |
| TITLE: | DIRECTOR | |
| ADDRESS: | 340 MADISON AVE 19TH FL | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10173 | |

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.

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|--|----------------------------------|-----------|
| /s/ LORI M. LIESER | LORI M. LIESER, VICE PRESIDENT | 8/28/2013 |
| 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. | | |