

1.) CORPORATION NAME:

**NFP OF NEW YORK INSURANCE AGENCY, INC.**

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1535683**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O NFP  
500 W MADISON ST STE 2400

CITY/ST/ZIP: CHICAGO, IL 60661

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:	DONNA BLANK	
TITLE:	PRESIDENT	
ADDRESS:	340 MADISON AVENUE 20TH FLR NEW YORK, NY 10173	
CITY/ST/ZIP/CO:		

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

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MALIKA HINKSON	
TITLE:	SECRETARY	
ADDRESS:	340 MADISON AVENUE 20TH FLR NEW YORK, NY 10173	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRETT SCHNEIDER	
TITLE:	TREASURER	
ADDRESS:	340 MADISON AVENUE 20TH FLR NEW YORK, NY 10173	
CITY/ST/ZIP/CO:		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL GOLDMAN	
TITLE:	DIRECTOR	
ADDRESS:	340 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10173	
CITY/ST/ZIP/CO:		

NAME:	MALIKA HINKSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	340 MADISON AVENUE		
	20TH FLOOR		
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.

/s/ LORI M. LIESER	LORI M. LIESER, VICE PRESIDENT	1/30/2013
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.