

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214514697

1.) CORPORATION NAME:

**NFP Resources V Insurance Agency, Inc.**

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1579376**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

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 STE 2400  
500 W MADISON STREET

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 checked="" type="checkbox"/>	DIRECTOR
NAME:	BRETT SCHNEIDER				
TITLE:	PRESIDENT				
ADDRESS:	340 MADISON AVE				
CITY/ST/ZIP/CO:	NEW YORK, NY 10173				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	VERONICA MOO				
TITLE:	ASST SECRETARY				
ADDRESS:	340 MADISON AVE				
CITY/ST/ZIP/CO:	NEW YORK, NY 10173				

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

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

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

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	EVAN A. MICHAEL				
TITLE:	DIRECTOR				
ADDRESS:	340 MADISON AVENUE				
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	3/20/2014
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.		