

1.) CORPORATION NAME:

**NFP Property & Casualty Services, Inc.**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1659814**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 707 WESTCHESTER AVE

CITY/ST/ZIP: WHITE PLAINS, NY 10604

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: TERRENCE M SCALI TITLE: PRESIDENT ADDRESS: 707 WESTCHESTER AVE CITY/ST/ZIP/CO: STE 411 WHITE PLAINS, NY 10604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LORI M LIESER TITLE: VICE PRESIDENT ADDRESS: 500 W MADISON CITY/ST/ZIP/CO: STE 2400 CHICAGO, IL 60661	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DAVID MAXHAM TITLE: SEC/TREAS ADDRESS: 707 WESTCHESTER AVE CITY/ST/ZIP/CO: STE 411 WHITE PLAINS, NY 10604	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MICHAEL N. GOLDMAN TITLE: DIRECTOR ADDRESS: 340 MADISON AVENUE CITY/ST/ZIP/CO: 20TH FLOOR NEW YORK, NY 10173	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MALIKA S HINKSON TITLE: DIRECTOR ADDRESS: 340 MADISON AVE, 20TH FL CITY/ST/ZIP/CO: NEW YORK, NY 10173	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRETT SCHNEIDER TITLE: DIRECTOR ADDRESS: 340 MADISON AVE, 20TH FL CITY/ST/ZIP/CO: NEW YORK, NY 10173	<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.

<u>/s/ LORI M LIESER</u>	<u>LORI M LIESER, VICE PRESIDENT</u>	<u>3/28/2013</u>
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.