

1.) CORPORATION NAME:

N.E.W. Administrative Services Company, Inc.

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1789454**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 300 SOUTH WACKER DRIVE
SUITE 1350

CITY/ST/ZIP: CHICAGO, IL 60606

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:	CHARLES A LAUE	
TITLE:	PRESIDENT	
ADDRESS:	8880 WARD PARKWAY	
	5TH FLOOR	
CITY/ST/ZIP/CO:	KANSAS CITY, MO 64114	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARK S GUNNING	
TITLE:	CFO, VP	
ADDRESS:	648 GRASSMERE PARK	
	STE 100	
CITY/ST/ZIP/CO:	NASHVILLE, TN 37211	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ELIZABETH ALEXANDER	
TITLE:	ASST TREASURER	
ADDRESS:	648 GRASSMERE PARK	
	STE 100	
CITY/ST/ZIP/CO:	NASHVILLE, TN 37211	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JASON MARTIN	
TITLE:	ASST TREASURER	
ADDRESS:	8880 WARD PARKWAY	
	5TH FLOOR	
CITY/ST/ZIP/CO:	KANSAS CITY, MO 64114	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	WILLARD J REAGAN	
TITLE:	TREASURER	
ADDRESS:	648 GRASSMERE PARK	
	STE 300	
CITY/ST/ZIP/CO:	NASHVILLE, TN 37211	

NAME: JASON SLOAN TITLE: ASST TREASURER ADDRESS: 648 GRASSMERE PARK STE 100 CITY/ST/ZIP/CO: NASHVILLE, TN 37211	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: STEVE ELLIS TITLE: CEO ADDRESS: 160 BOVET RD STE 402 CITY/ST/ZIP/CO: SAN MATEO, CA 94404	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: GUSTAVUS A PURYEAR IV TITLE: SECRETARY ADDRESS: 648 GRASSMERE PARK STE 100 CITY/ST/ZIP/CO: NASHVILLE, TN 37211	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: LISA TOPOREK TITLE: ASST SECRETARY ADDRESS: 648 GRASSMERE PARK STE 100 CITY/ST/ZIP/CO: NASHVILLE, TN 37211	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: KEVIN TAWHEEL TITLE: DIRECTOR ADDRESS: 160 BOVET RD STE 402 CITY/ST/ZIP/CO: SAN MATEO, CA 94402	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Richard Machalinski TITLE: ASST SECRETARY ADDRESS: 300 South Wacker Dr. Ste. 1350 CITY/ST/ZIP/CO: Chicago, IL 60606	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Ryan Kasprzak TITLE: ASST TREASURER ADDRESS: 300 South Wacker Dr. Ste. 1350 CITY/ST/ZIP/CO: Chicago, IL 60606	<input checked="" type="checkbox"/> OFFICER <input 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/ CHARLES A LAUE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHARLES A LAUE, PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/7/2014 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.		