



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2013

1. Corporate ID No. 000791564

2. Name of Corporation NCMIC Diversified Health RPG Assn.

3. State of Incorporation

State: IL

4. Corporate Address in Rhode Island

No. and Street: 10 DORRANCE STREET
SUITE 530

City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 14001 UNIVERSITY AVENUE

City or Town: CLIVE State: IA Zip: 50325 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO OPERATE AS A PURCHASING GROUP TO PURCHASE LIABILITY INSURANCE FOR THE BENEFIT OF THE MEMBERS ON A GROUP BASIS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ROD WARREN	14001 UNIVERSITY AVENUE CLIVE, IA 50325 USA
TREASURER	ROGER SCHLUETER	14001 UNIVERSITY AVE CLIVE, IA 50325 USA
SECRETARY	JACQUELINE ANDERSON	14001 UNIVERSITY AVE CLIVE, IA 50325 USA

VICE PRESIDENT

BRUCE BEAL

14001 UNIVERSITY AVE
CLIVE, IA 50325 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

NATIONAL REGISTERED AGENTS, INC. 10 DORRANCE STREET, SUITE 530 PROVIDENCE , RI
02903

**9. This report must be signed by either the President, Vice President, Secretary, Assistant
Secretary, Treasurer, Receiver, or Trustee.**

*Signed this 3 Day of May, 2013 at 12:35:56 PM. This electronic signature of the individual or
individuals signing this instrument constitutes the affirmation or acknowledgement of the
signatory, under penalties of perjury, that this instrument is that individual's act and deed or the
act and deed of the corporation, and that the facts stated herein are true, as of the date of the
electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By JACQUELINE ANDERSON
Signature of Officer of the Corporation

President or Vice President or Secretary or Assistant Secretary or

Treasurer or Receiver or Trustee (check one)

**This report cannot be accepted for filing if an officer has executed the form and he/she is not
listed in Section 7.**

Form No. 631
Revised 09/07

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