



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:** 2016

**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:

**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	MATT GUSTAFSON	14001 UNIVERSITY AVE CLIVE, IA 50325 USA
SECRETARY	EMILY DRAKE	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. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

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

**Signed this 12 Day of May, 2016 at 9:39:55 AM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By KYLE NIELSEN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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