

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000006294

**Entity Name:** NACORA INSURANCE BROKERS INC.

**FILED**  
**Apr 22, 2021**  
**Secretary of State**  
**7176413459CC**

**Current Principal Place of Business:**

10 EXCHANGE PLACE  
19TH FLOOR  
JERSEY CITY, NJ 07302

**Current Mailing Address:**

10 EXCHANGE PLACE  
19TH FLOOR  
JERSEY CITY, NJ 07302 US

**FEI Number:** 13-2996486

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title OFFICER  
Name OSTERBERG, DAN  
Address 10 EXCHANGE PLACE  
19TH FLOOR  
City-State-Zip: JERSEY CITY NJ 07302

Title DIRECTOR  
Name MIHOK, RADOSLAV  
Address 10 EXCHANGE PLACE  
19TH FLOOR  
City-State-Zip: JERSEY CITY NJ 07302

Title DIRECTOR  
Name KOLLER, ROGER  
Address 10 EXCHANGE PLACE  
19TH FLOOR  
City-State-Zip: JERSEY CITY NJ 07302

Title DIRECTOR  
Name OSTERBERG, DAN  
Address 10 EXCHANGE PLACE  
19TH FLOOR  
City-State-Zip: JERSEY CITY NJ 07302

Title OFFICER  
Name OSTERBERG, DAN  
Address 10 EXCHANGE PLACE  
19TH FLOOR  
City-State-Zip: JERSEY CITY NJ 07302

Title OFFICER  
Name KOLLER, ROGER  
Address 10 EXCHANGE PLACE  
19TH FLOOR  
City-State-Zip: JERSEY CITY NJ 07302

Title OFFICER  
Name SAVARESE, STEPHEN  
Address 10 EXCHANGE PLACE  
19TH FLOOR  
City-State-Zip: JERSEY CITY NJ 07302

Title OFFICER  
Name MIHOK, RADOSLAV  
Address 10 EXCHANGE PLACE  
19TH FLOOR  
City-State-Zip: JERSEY CITY NJ 07302

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEPHEN SAVARESE

**OFFICER**

**04/22/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date