

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000006294

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

**Current Principal Place of Business:**

10 EXCHANGE PLACE  
JERSEY CITY, NJ 07302

**Current Mailing Address:**

10 EXCHANGE PLACE  
JERSEY CITY, NJ 07302 US

**FEI Number:** 13-2996486

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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           TREASURER  
Name           OSTERBERG, DAN  
Address        10 EXCHANGE PLACE  
City-State-Zip: JERSEY CITY NJ 07302

Title           VP, DIRECTOR  
Name           FIORAVANTI-ASHIKWE, DIANA  
Address        10 EXCHANGE PLACE  
City-State-Zip: JERSEY CITY NJ 07302

Title           SECRETARY  
Name           JONES, NADINE  
Address        10 EXCHANGE PLACE  
City-State-Zip: JERSEY CITY NJ 07302

Title           PRESIDENT  
Name           BENNETT, MARCUS  
Address        10 EXCHANGE PLACE  
City-State-Zip: JERSEY CITY NJ 07302

Title           DIRECTOR, VP  
Name           SCHMIDT, SHANNON  
Address        10 EXCHANGE PLACE  
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:** NADINE JONES

**SECRETARY**

**03/07/2024**

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

\_\_\_\_\_  
Date