

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006294

FILED
Mar 30, 2012
Secretary of State

Entity Name: NACORA INSURANCE BROKERS INC.

Current Principal Place of Business:

10 EXCHANGE PLACE
19TH FLOOR
JERSEY CITY, NJ 07302

New Principal Place of Business:

10 EXCHANGE PLACE
JERSEY CITY, NJ 07302 US

Current Mailing Address:

10 EXCHANGE PLACE
19TH FLOOR
JERSEY CITY, NJ 07302

New Mailing Address:

10 EXCHANGE PLACE
JERSEY CITY, NJ 07302 US

FEI Number: 13-2996486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: STD
Name: SCHIMPF, MICHAEL STD
Address: 10 EXCHANGE PLACE
City-St-Zip: JERSEY CITY, NJ 07302 US

Title: VPD
Name: KOLLER, ROGER VPD
Address: 10 EXCHANGE PLACE
City-St-Zip: JERSEY CITY, NJ 07302 US

Title: PD
Name: HEXTALL, JOHN PD
Address: 10 EXCHANGE PLACE
City-St-Zip: JERSEY CITY, NJ 07302 US

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: RUSSELL KOPP

POA

03/30/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date