

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000006294

**FILED**  
**Apr 16, 2014**  
**Secretary of State**  
**CC8223927456**

**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:**

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            SECRETARY, TREASURER,  
                      DIRECTOR  
Name            OSTERBERG, DAN  
Address         10 EXCHANGE PLACE  
City-State-Zip: JERSEY CITY NJ 07302

Title            PRESIDENT, DIRECTOR  
Name            HEXTALL, JOHN  
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:** DAN OSTERBERG

**SECRETARY,  
TREASURER, DIRECTOR**

**04/16/2014**

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

\_\_\_\_\_  
Date