

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006294

FILED  
Apr 20, 2010  
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:**

**Current Mailing Address:**

10 EXCHANGE PLACE  
19TH FLOOR  
JERSEY CITY, NJ 07302

**New Mailing Address:**

FEI Number: 13-2996486

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ALTORFER, ROLF  
Address: 10 EXCHANGE PLACE 19TH FLOOR  
City-St-Zip: JERSEY CITY, NJ 07302

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

Title: TD  
Name: SCHIMPF, MICHAEL  
Address: 10 EXCHANGE PLACE-19TH FLOOR  
City-St-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: ROGER KOLLER

VD

04/20/2010

Electronic Signature of Signing Officer or Director

Date