

**F100000004186**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA0000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Excess Reinsurance Underwriters, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 SEP 20 PM 2:00

APPROVED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 SEP 20 PM 4:30

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111

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Excess Reinsurance Underwriters, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Lauren DeLouche

Name of Person

Excess Reinsurance Underwriters, Inc.

Firm/Company

1250 Capital of Texas Hwy S Bldg 2 Ste 125

Address

Austin, Texas 78746

City/State and Zip code

dhrankaj@nfp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren DeLouche

Name of Person

at ( 512 ) 697.6869

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|--|---|---|

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Excess Reinsurance Underwriters, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. PA

(State or country under the law of which it is incorporated)

3. 222945293

(FEI number, if applicable)

4. 12/20/1988

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 307 S. Evergreen Ave Suite 101, Woodbury, NJ 08096

(Principal office address)

same as above

(Current mailing address)

8. Third Party Administrator

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

C T Corporation System

By: \_\_\_\_\_

(Registered agent's signature)

**Sohan R. Dindyal**  
**Vice President**

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 SEP 20 PM 2:00

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AND  
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12. Names and business addresses of officers and/or directors:

10 SEP 20 PM 2:00

A. DIRECTORS

Chairman: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Brian Zidek

Address: 307 S. Evergreen Ave Suite 101, Woodbury, NJ 08096

Director: Brett Schneider

Address: 340 Madison Ave 19th FL NY, NY 10173

B. OFFICERS

President: Brian Zidek

Address: 307 S. Evergreen Ave Suite 101, Woodbury, NJ 08096

Vice President: Lauren Poliero

Address: 307 S. Evergreen Ave Suite 101, Woodbury, NJ 08096

Secretary: Lauren DeLouche

Address: 1250 Capital of Texas Hwy S Bldg 2 Ste 125, Austin, Texas 78746

Treasurer: Brian Zidek

Address: 307 S. Evergreen Ave Suite 101, Woodbury, NJ 08096

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Lauren DeLouche

(Signature of Director or Officer listed in number 12 of the application)

14. Lauren DeLouche

(Typed or printed name and capacity of person signing application)

APPROVED  
AND  
FILED

10 SEP 20 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

SEPTEMBER 17, 2010

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

**EXCESS REINSURANCE UNDERWRITERS, INC.**

is duly incorporated under the laws of the Commonwealth of Pennsylvania and  
remains a subsisting corporation so far as the records of this office show, as of  
the date herein.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused  
the Seal of the Secretary's Office to  
be affixed, the day and year above  
written.

*Basil L. Merenda*

Acting Secretary of the Commonwealth