

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004186

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** EXCESS REINSURANCE UNDERWRITERS, INC.

**Current Principal Place of Business:**

307 S. EVERGREEN AVE, SUITE 101  
WOODBURY, NJ 08096

**New Principal Place of Business:**

**Current Mailing Address:**

307 S. EVERGREEN AVE, SUITE 101  
WOODBURY, NJ 08096

**New Mailing Address:**

C/O NFP, 500 W. MADISON STREET  
SUITE 2400  
CHICAGO, IL 60661

**FEI Number:** 22-2945293

**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:** PSTD  
**Name:** ZIDEK, BRIAN  
**Address:** 307 S. EVERGREEN AVE, SUITE 101  
**City-St-Zip:** WOODBURY, NJ 08096

**Title:** D  
**Name:** SCHNEIDER, BRETT  
**Address:** 340 MADISON AVE, 20TH FL  
**City-St-Zip:** NEW YORK, NY 10173

**Title:** V  
**Name:** LIESER, LORI M  
**Address:** 500 W. MADISON STREET, SUITE 2400  
**City-St-Zip:** CHICAGO, IL 60661

**Title:** D  
**Name:** ZIDEK, MILO  
**Address:** 307 S. EVERGREEN AVE, SUITE 101  
**City-St-Zip:** WOODBURY, NJ 08096

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:** LORI M. LIESER

V

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date