

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004186

FILED
May 01, 2012
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:

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

New Mailing Address:

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: VP
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

VP

05/01/2012

Electronic Signature of Signing Officer or Director

Date