

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000160425

Entity Name: EXCESS MANAGEMENT COMPANY, INC.**Current Principal Place of Business:**800 VILLAGE SQUARE CROSSING, SUITE 330
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**500 W. MADISON STREET
SUITE 2400
CHICAGO, IL 60661 US**FEI Number:** 20-0563314**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
C/O CT 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	PST
Name	ZIDEK, BRIAN P
Address	13 ROSE VALLEY ROAD
City-State-Zip:	MEDIA PA 19063

Title	DIRECTOR
Name	MICHAEL, EVAN A
Address	340 MADISON AVENUE 20TH FLOOR
City-State-Zip:	NEW YORK NY 10173

Title	DIRECTOR
Name	SCHNEIDER, BRETT
Address	340 MADISON AVENUE 20TH FLOOR
City-State-Zip:	NEW YORK NY 10173

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

Title	DIRECTOR
Name	O'MALLEY, EDWARD
Address	1250 CAPITAL OF TEXAS HWY S BLDG. 2
City-State-Zip:	AUSTIN TX 78746

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

VICE PRESIDENT

04/23/2015

Electronic Signature of Signing Officer/Director Detail_____
Date