

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006294

Entity Name: NACORA INSURANCE BROKERS INC.**Current Principal Place of Business:**10 EXCHANGE PLACE
JERSEY CITY, NJ 07302**Current Mailing Address:**10 EXCHANGE PLACE
JERSEY CITY, NJ 07302 US**FEI Number:** 13-2996486**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 TREASURER
Name OSTERBERG, DAN
Address 10 EXCHANGE PLACE
City-State-Zip: JERSEY CITY NJ 07302

Title VP, DIRECTOR
Name FIORAVANTI-ASHIKWE, DIANA
Address 10 EXCHANGE PLACE
City-State-Zip: JERSEY CITY NJ 07302

Title SECRETARY
Name JONES, NADINE
Address 10 EXCHANGE PLACE
City-State-Zip: JERSEY CITY NJ 07302

Title PRESIDENT
Name MIHOK, RADOSLAV
Address 10 EXCHANGE PLACE
City-State-Zip: JERSEY CITY NJ 07302

Title DIRECTOR, VP
Name SCHMIDT, SHANNON
Address 10 EXCHANGE PLACE
City-State-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: NADINE JONES**SECRETARY****02/21/2023**

Electronic Signature of Signing Officer/Director Detail

Date