

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000082274

**Entity Name:** NGM INSURANCE COMPANY

**FILED**  
**Feb 01, 2022**  
**Secretary of State**  
**0982067367CC**

**Current Principal Place of Business:**

4601 TOUCHTON RD EAST  
SUITE 3400  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

4601 TOUCHTON RD EAST  
SUITE 3400  
JACKSONVILLE, FL 32246 US

**FEI Number:** 02-0170490

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

LAW, KIMBERLY K  
4601 TOUCHTON RD EAST  
SUITE 3400  
JACKSONVILLE, FL 32246 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:** KIMBERLY K. LAW

02/01/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MEDVIDOFSKY, DAVID S  
Address 4601 TOUCHTON RD EAST  
SUITE 3400  
City-State-Zip: JACKSONVILLE FL 32246

Title PRESIDENT  
Name LISTAU, CHRISTOPHER R.  
Address 4601 TOUCHTON RD EAST  
SUITE 3400  
City-State-Zip: JACKSONVILLE FL 32246

Title SECRETARY  
Name LAW, KIMBERLY K.  
Address 4601 TOUCHTON RD EAST  
SUITE 3400  
City-State-Zip: JACKSONVILLE FL 32246

Title TREASURER  
Name FREITAS, JOSEPH D.  
Address 4601 TOUCHTON RD EAST  
SUITE 3400  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name LISTAU, CHRISTOPHER R.  
Address 4601 TOUCHTON RD EAST  
SUITE 3400  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name FREITAS, JOSEPH D.  
Address 4601 TOUCHTON RD EAST  
SUITE 3400  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name LAW, KIMBERLY K.  
Address 4601 TOUCHTON RD EAST  
SUITE 3400  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name BOURDEAU, SARAH C.  
Address 4601 TOUCHTON RD EAST  
SUITE 3400  
City-State-Zip: JACKSONVILLE FL 32246

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*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:** KIMBERLY K. LAW

**SECRETARY**

02/01/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           PARKER, ANNA D  
Address        4601 TOUCHTON RD EAST  
                  SUITE 3400  
City-State-Zip: JACKSONVILLE FL 32246