

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000082274

Entity Name: NGM INSURANCE COMPANY

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: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: LYNETTE COLEMAN

04/26/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title TREASURER, DIRECTOR
Name VAN BEEK, TROY P.
Address 4601 TOUCHTON RD EAST
 SUITE 3400
City-State-Zip: JACKSONVILLE FL 32246

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

Title VP
Name BREUNIG-SILBERNAGEL, THERESA E
Address 4601 TOUCHTON RD EAST
 SUITE 3400
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR, VP
Name ROSE, ANDREW S.
Address 4601 TOUCHTON RD EAST
 SUITE 3400
City-State-Zip: JACKSONVILLE FL 32246

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

Title ASST. TREASURER
Name GRASEE, KARI E
Address 4601 TOUCHTON RD EAST
 SUITE 3400
City-State-Zip: JACKSONVILLE FL 32246

Continues on page 2

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: LAUREN K. POWELL

SECRETARY

04/26/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. TREASURER
Name SZTUCZKO, THERESA K
Address 4601 TOUCHTON RD EAST
SUITE 3400
City-State-Zip: JACKSONVILLE FL 32246

Title ASST. TREASURER
Name SCHRADER, PETER H
Address 4601 TOUCHTON RD EAST
SUITE 3400
City-State-Zip: JACKSONVILLE FL 32246

Title ASST. SECRETARY
Name FAUST, CODY C
Address 4601 TOUCHTON RD EAST
SUITE 3400
City-State-Zip: JACKSONVILLE FL 32246