

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003862

Entity Name: GM NATIONAL INSURANCE COMPANY**Current Principal Place of Business:**55 SHURMAN BLVD
SUITE 1000
NAPERVILLE, IL 60563**Current Mailing Address:**55 SHURMAN BLVD
SUITE 1000
NAPERVILLE, IL 60563 US**FEI Number:** 86-3943212**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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	VP
Name	PATEL, AMIT K
Address	801 CHERRY STREET SUITE 3500
City-State-Zip:	FORT WORTH TX 76102

Title	PRESIDENT
Name	ROSE, ANDREW
Address	801 CHERRY STREET SUITE 3500
City-State-Zip:	FORT WORTH TX 76102

Title	SECRETARY
Name	ELLISON, BRANDON
Address	801 CHERRY STREET SUITE 3500
City-State-Zip:	FORT WORTH TX 76102

Title	DIRECTOR
Name	BERCE, DANIEL E
Address	801 CHERRY STREET SUITE 3500
City-State-Zip:	FORT WORTH TX 76102

Title	TREASURER
Name	GOKENBACH, RICHARD A JR
Address	801 CHERRY STREET SUITE 3500
City-State-Zip:	FORT WORTH TX 76102

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: ANDREW ROSE

PRESIDENT

05/07/2024

Electronic Signature of Signing Officer/Director Detail_____
Date