

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000001589

Entity Name: AMFED NATIONAL INSURANCE COMPANY

Current Principal Place of Business:

576 HIGHLAND COLONY PARKWAY, SUITE 300
RIDGELAND, MS 39157

Current Mailing Address:

P. O. BOX 1380
RIDGELAND, MS 39158-1380 US

FEI Number: 64-0947790

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 DIRECTOR
Name ROBERTS, JOHN WILLIAM
Address 347 SUNDIAL ROAD
City-State-Zip: MADISON MS 39110

Title DIRECTOR, COO
Name MCLEMORE, GREGORY THOMAS
Address 403 PORT HARBOR
City-State-Zip: BRANDON MS 39047

Title CFO
Name CAMP, RICHARD CHARLES
Address 107 LAKEPOINTE DRIVE
City-State-Zip: MADISON MS 39110

Title CEO
Name KRAMER, MATTHEW
Address 55 WEST 46TH STREET
City-State-Zip: NEW YORK NY 10036

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: RICHARD CHARLES CAMP

CFO

01/24/2022

Electronic Signature of Signing Officer/Director Detail

Date