

**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 39110Title DIRECTOR, COO  
Name MCLEMORE, GREGORY THOMAS  
Address 403 PORT HARBOR  
City-State-Zip: BRANDON MS 39047Title CFO  
Name CAMP, RICHARD CHARLES  
Address 107 LAKEPOINTE DRIVE  
City-State-Zip: MADISON MS 39110Title 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