

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808220

FILED
Apr 24, 2008
Secretary of State

Entity Name: NATIONAL INDEMNITY COMPANY

Current Principal Place of Business:

3024 HARNEY ST
OMAHA, NE 68131 US

New Principal Place of Business:

Current Mailing Address:

3024 HARNEY ST
OMAHA, NE 68131 US

New Mailing Address:

FEI Number: 47-0355979 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SVD () Delete
Name: KRUTTER, FORREST N
Address: 4016 FARNAM STREET
City-St-Zip: OMAHA, NE 681313095

Title: D () Delete
Name: HAMBURG, MARC D
Address: 1440 KIEWIT PLAZA
City-St-Zip: OMAHA, NE 681313302

Title: PD () Delete
Name: WURSTER, DONALD F.,
Address: 3024 HARNEY ST
City-St-Zip: OMAHA, NE 681313580

Title: VD () Delete
Name: WOLF, PHILIP M.,
Address: 3024 HARNEY ST
City-St-Zip: OMAHA, NE 681313580

Title: T () Delete
Name: GEISTKEMPER, DALE D T
Address: 3024 HARNEY STREET
City-St-Zip: OMAHA, NE 681313580

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SVD (X) Change () Addition
Name: KRUTTER, FORREST N
Address: 100 FIRST STAMFORD PLACE
City-St-Zip: STAMFORD, CT 069026745

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: GEISTKEMPER, DALE D
Address: 3024 HARNEY STREET
City-St-Zip: OMAHA, NE 681313580

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DONALD F. WURSTER

PD

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date