2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808220

Entity Name: NATIONAL INDEMNITY COMPANY

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3024 HARNEY ST OMAHA, NE 68131 US **Current Mailing Address: New Mailing Address:** 3024 HARNEY ST OMAHA, NE 68131 US FEI Number: 47-0355979 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition KRUTTER, FORREST N Name: Name: 100 FIRST STAMFORD PLACE Address: Address: City-St-Zip: STAMFORD, CT 069026745 City-St-Zip: Title: Title: () Delete () Change () Addition Name: HAMBURG, MARC D Name: 1440 KIEWIT PLAZA Address: Address: OMAHA, NE 681313302 City-St-Zip: City-St-Zip: Title: Title: PD () Delete () Change () Addition WURSTER, DONALD F. Name: Name: 3024 HARNEY ST Address: Address: City-St-Zip: OMAHA, NE 681313580 City-St-Zip: Title: VD () Delete Title: () Change () Addition WOLF, PHILIP M. Name: Name: Address: 3024 HARNEY ST Address: City-St-Zip: OMAHA, NE 681313580 City-St-Zip: Title: Title: () Delete () Change () Addition GEISTKEMPER, DALE D Name: Name: 3024 HARNEY STREET Address: Address: City-St-Zip: OMAHA, NE 681313580 City-St-Zip: Title: () Delete Title: AVP () Change (X) Addition Name: Name: RATHBUN, RODNEY L Address: Address: 3024 HARNEY STREET City-St-Zip: 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: RODNEY L RATHBUN AVP 04/14/2009