

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808220

FILED
Apr 10, 2012
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

OFFICERS AND DIRECTORS:

Title: SVD
Name: KRUTTER, FORREST N
Address: 100 FIRST STAMFORD PLACE
City-St-Zip: STAMFORD, CT 069026745

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

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

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

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

Title: AVP
Name: RATHBUN, RODNEY L
Address: 3024 HARNEY STREET
City-St-Zip: OMAHA, NE 681313580

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: RODNEY L RATHBUN

AVP

04/10/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date