

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G27567** (8)
1. Corporation Name
NATIONAL INDEMNITY COMPANY OF THE SOUTH

Principal Place of Business 18167 US HWY 19 NORTH SUITE 330 CLEARWATER FL 34624 US	Mailing Address 18167 US HWY 19 NORTH SUITE 330 CLEARWATER FL 34624 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 3024 Harney Street 27 Suite, Apt. #, etc. 28 Omaha NE 29 Zip 68131-3580 30 Country USA		3. Date Incorporated or Qualified 03/14/1983	
				4. FEI Number 59-2266845	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A	

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32304		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUFFETT, WARREN E	1.2 NAME	
STREET ADDRESS	5505 FARNAM ST	1.3 STREET ADDRESS	1440 Kiewit Plaza
CITY-ST-ZIP	OMAHA NE	1.4 CITY-ST-ZIP	Omaha NE 68131
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'LEARY, DANIEL I	2.2 NAME	Daniel C. O'Leary III
STREET ADDRESS	4333 SWEETGUM LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUTTER, FORREST N	3.2 NAME	
STREET ADDRESS	770 NORTH 93RD ST #6B4	3.3 STREET ADDRESS	4016 Farnam Street
CITY-ST-ZIP	OMAHA NE	3.4 CITY-ST-ZIP	Omaha NE 68131
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WURSTER, DONALD F.	4.2 NAME	
STREET ADDRESS	117 NO HAPPY HOLLOW BLVD	4.3 STREET ADDRESS	3024 Harney Street
CITY-ST-ZIP	OMAHA NE	4.4 CITY-ST-ZIP	Omaha NE 68131
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLEARY, BRIAN P.	5.2 NAME	
STREET ADDRESS	4317 GALILEO AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMBURG, MARC D	6.2 NAME	
STREET ADDRESS	13108 CHARLES ST	6.3 STREET ADDRESS	3024 Harney Street
CITY-ST-ZIP	OMAHA NE	6.4 CITY-ST-ZIP	Omaha NE 68131

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

4-14-98 (402) 536-3000

CR2E034 (10/97)