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FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90140 001 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G27567

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

3. Date Incorporated or Qualified

03/14/1983

4. FEI Number

59-2266845

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	BUFFETT, WARREN E	
STREET ADDRESS	1440 KIEWIT PLAZA	
CITY-ST-ZIP	OMAHA NE 68131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'LEARY, DANIEL C III	
STREET ADDRESS	4333 SWEETGUM LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KRUTTER, FORREST N	
STREET ADDRESS	4016 FARNAM STREET	
CITY-ST-ZIP	OMAHA NE 68131	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WURSTER, DONALD F.	
STREET ADDRESS	3024 HARNEY STREET	
CITY-ST-ZIP	OMAHA NE 68131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OLEARY, BRIAN P.	
STREET ADDRESS	4317 GALILEO AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HAMBURG, MARC D	
STREET ADDRESS	3024 HARNEY STREET	
CITY-ST-ZIP	OMAHA NE 68131	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald F. Wurster 4-19-99 (402) 536-3000

Date

Daytime Phone #

CR2E034 (11/98)