

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G27567

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2266845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete
NAME BUFFETT, WARREN E
STREET ADDRESS 1440 KIEWIT PLAZA
CITY-ST-ZIP OMAHA NE 68131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME O'LEARY, DANIEL C III
STREET ADDRESS 4333 SWEETGUM LANE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME KRUTTER, FORREST N
STREET ADDRESS 4016 FARNAM STREET
CITY-ST-ZIP OMAHA NE 68131

TITLE SV ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☐ Delete
NAME WURSTER, DONALD F.
STREET ADDRESS 3024 HARNEY STREET
CITY-ST-ZIP OMAHA NE 68131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME OLEARY, BRIAN P.
STREET ADDRESS 4317 GALILEO AVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME HAMBURG, MARC D
STREET ADDRESS 3024 HARNEY STREET
CITY-ST-ZIP OMAHA NE 68131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald F. Wurster

4-6-01

(402) 536-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

03/11/01



DO NOT WRITE IN THIS SPACE

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90309 045 ***150.00