

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G27567

FILED
Apr 18, 2007
Secretary of State

Entity Name: NATIONAL INDEMNITY COMPANY OF THE SOUTH

Current Principal Place of Business:

725 PENINSULAR PLACE
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

725 PENINSULAR PLAZA
JACKSONVILLE, FL 32204 US

Current Mailing Address:

3024 HARNEY STREET
OMAHA, NE 68131 US

New Mailing Address:

FEI Number: 59-2266845 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 323990000 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: O'LEARY, DANIEL C III
Address: 4333 SWEETGUM LANE
City-St-Zip: JACKSONVILLE, FL

Title: SV () Delete
Name: KRUTTER, FORREST N
Address: 4016 FARNAM STREET
City-St-Zip: OMAHA, NE 68131

Title: DP () Delete
Name: WURSTER, DONALD F
Address: 3024 HARNEY STREET
City-St-Zip: OMAHA, NE 68131

Title: D () Delete
Name: MILLER, ROLAND D
Address: RR2
City-St-Zip: ELKHORN, NE

Title: T () Delete
Name: GEISTKEMPER, DALE D T
Address: 3024 HARNEY STREET
City-St-Zip: OMAHA, NE 68131

Title: D (X) Delete
Name: GOLDBERG, MICHAEL
Address: 303 S. 53RD ST.
City-St-Zip: OMAHA, NE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: O'LEARY, BRIAN P
Address: 4317 GALILEO AVENUE
City-St-Zip: JACKSONVILLE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DONALD F WURSTER

DP

04/18/2007

Electronic Signature of Signing Officer or Director

_____ Date