

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000082274

**FILED**  
**Jan 16, 2014**  
**Secretary of State**  
**CC4378371378**

**Entity Name:** NGM INSURANCE COMPANY

**Current Principal Place of Business:**

4601 TOUCHTON RD EAST  
SUITE 3400  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

4601 TOUCHTON RD EAST  
SUITE 3400  
JACKSONVILLE, FL 32246 US

**FEI Number:** 02-0170490

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

FOX, BRUCE R  
4601 TOUCHTON RD EAST  
SUITE 3400  
JACKSONVILLE, FL 32246 US

*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

**Officer/Director Detail :**

Title P  
Name VAN BERKEL, THOMAS M  
Address 4601 TOUCHTON RD E, STE 3400  
City-State-Zip: JACKSONVILLE FL 32246

Title T  
Name KUHL, EDWARD J  
Address 4601 TOUCHTON RD E, STE 3400  
City-State-Zip: JACKSONVILLE FL 32246

Title S  
Name FOX, BRUCE R  
Address 4601 TOUCHTON RD E, STE 3400  
City-State-Zip: JACKSONVILLE FL 32246

Title D  
Name GUNTER, WILLIAM DJR.  
Address 4601 TOUCHTON RD E, STE 3400  
City-State-Zip: JACKSONVILLE FL 32246

Title D  
Name DELANEY, JOHN A  
Address 4601 TOUCHTON RD E, STE 3400  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name BAXTER, TERRY L  
Address 4601 TOUCHTON RD EAST  
SUITE 3400  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name CLEVELAND, COTTON M  
Address 4601 TOUCHTON RD EAST  
SUITE 3400  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name DOERR, ROBERT C  
Address 4601 TOUCHTON RD EAST  
SUITE 3400  
City-State-Zip: JACKSONVILLE FL 32246

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*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:** BRUCE R FOX

**SECRETARY**

**01/16/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ELFNER, ALBERT H  
Address 4601 TOUCHTON RD EAST  
SUITE 3400  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name FREEMAN, DAVID  
Address 4601 TOUCHTON RD EAST  
SUITE 3400  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name MORLEY, JAMES E  
Address 4601 TOUCHTON RD EAST  
SUITE 3400  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name ELLIOTT, ERIC S  
Address 4601 TOUCHTON RD EAST  
SUITE 3400  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name KESNER, IDALENE F  
Address 4601 TOUCHTON RD EAST  
SUITE 3400  
City-State-Zip: JACKSONVILLE FL 32246