

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000082274

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 KOERNER, PHILIP D
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

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

01/28/2013

Electronic Signature of Signing Officer/Director Detail

Date