

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000082274

**Entity Name:** NGM INSURANCE COMPANY

**FILED**  
**Jan 29, 2019**  
**Secretary of State**  
**2452833168CC**

**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 FRAZIER, THOMAS T  
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 FOX, BRUCE R  
Address 4601 TOUCHTON RD E, STE 3400  
City-State-Zip: JACKSONVILLE FL 32246

Title D  
Name FREDERICK, AMY J  
Address 4601 TOUCHTON RD E, STE 3400  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name KUSCH, JEFFREY B  
Address 4601 TOUCHTON RD EAST  
SUITE 3400  
City-State-Zip: JACKSONVILLE FL 32246

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

Title DIRECTOR  
Name VAN BERKEL, THOMAS M  
Address 4601 TOUCHTON RD EAST  
SUITE 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**

**01/29/2019**

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