

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214514385

1.) CORPORATION NAME:

**NGM Insurance Company**

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS, INC.  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F0059743**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**FL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4601 TOUCHTON RD EAST  
STE 3400

CITY/ST/ZIP: JACKSONVILLE, FL 32246

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	THOMAS M VAN BERKEL				
TITLE:	P/CEO/COB				
ADDRESS:	4601 TOUCHTON RD E STE 3400				
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32246				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	ANTONIA M PORTERFIELD				
TITLE:	SR VP-HUMAN RES				
ADDRESS:	4601 TOUCHTON ROAD E STE 3400				
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32246				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	EDWARD J KUHL				
TITLE:	EVP/CFO/T				
ADDRESS:	4601 TOUCHTON RD E STE 3400				
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32246				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	Steven J Peeters				
TITLE:	Executive Vice				
ADDRESS:	4601 Touchton Rd. East Suite 3400				
CITY/ST/ZIP/CO:	Jacksonville, FL 32246				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	Douglas Eden				
TITLE:	Senior VP				
ADDRESS:	4601 Touchton Rd. East Suite 3400				
CITY/ST/ZIP/CO:	Jacksonville, FL 32246				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael D Lancashire Senior VP 4601 Touchton Rd. East Suite 3400 Jacksonville, FL 32246	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Bruce R Fox SECRETARY 4601 Touchton Rd. East Suite 3400 Jacksonville, FL 32246	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Terry L Baxter DIRECTOR 4601 Touchton Rd. East Suite 3400 Jacksonville, FL 32246	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Cotton M Cleveland DIRECTOR 4601 Touchton Rd. East Suite 3400 Jacksonville, FL 32246	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John A Delaney DIRECTOR 4601 Touchton Rd. East Suite 3400 Jacksonville, FL 32246	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R Chris Doerr DIRECTOR 4601 Touchton Rd. East Suite 3400 Jacksonville, FL 32246	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Albert H Elfner III DIRECTOR 4601 Touchton Rd. East Suite 3400 Jacksonville, FL 32246	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Eric S Elliott DIRECTOR 4601 Touchton Rd. East Suite 3400 Jacksonville, FL 32246	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David Freeman DIRECTOR 4601 Touchton Rd. East Suite 3400 Jacksonville, FL 32246	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	William D Gunter, Jr. DIRECTOR 4601 Touchton Rd. East Suite 3400 Jacksonville, FL 32246	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Idalene F Kesner TITLE: DIRECTOR ADDRESS: 4601 Touchton Rd. East Suite 3400 CITY/ST/ZIP/CO: Jacksonville, FL 32246	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: James E Morley, Jr. TITLE: DIRECTOR ADDRESS: 4601 Touchton Rd. East Suite 3400 CITY/ST/ZIP/CO: Jacksonville, FL 32246	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ Bruce RFox	Bruce RFox,	3/19/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		