

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 FEB -2 PM 3:15

DOCUMENT # P20309 (1)

1. Corporation Name
NATIONAL AMERICAN INSURANCE COMPANY OF CALIFORNIA INCORPORATED

Principal Place of Business 19100 SUSANA ROAD RANCHO DOMINGUEZ CA 90221	Mailing Address 19100 SUSANA ROAD RANCHO DOMINGUEZ CA 90221
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 08/01/1988	3a. Date of Last Report 05/01/1994
4. FEI Number 95-2488300	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
 STATE CAPITOL
 TALLAHASSEE FL 32399**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STORY, WILLIAM R
STREET ADDRESS	2150 PORT DURNES PLACE
CITY - ST - ZIP	NEWPORT BEACH CA
TITLE	V
NAME	HENDRICKS, ANDREW J.
STREET ADDRESS	30394 VIA ESTORIL
CITY - ST - ZIP	LAGUNA NIGEL CA
TITLE	C
NAME	RHEIN, C. K JR.
STREET ADDRESS	5 KNOLLWOOD LANE
CITY - ST - ZIP	DARIEN CT
TITLE	S
NAME	ERWIN, THERESA T.
STREET ADDRESS	2500 WILLOW STREET #109
CITY - ST - ZIP	SIGNAL HILL CA
TITLE	D
NAME	HEFFERNAN, JAMES P.
STREET ADDRESS	12 RIDGE ROAD
CITY - ST - ZIP	BRONXVILLE NY
TITLE	VT
NAME	KRANTZ, JAMES A
STREET ADDRESS	1135 DEL REY AVE
CITY - ST - ZIP	PASADENA CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	92660
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	92677
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rhein, C. Kirk, Jr.
3.3 STREET ADDRESS	37 Three Wells Lane
3.4 CITY - ST - ZIP	Darient, Connecticut 06820
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	90806
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	10708
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	91107

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes, I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeannie Gasparac 1/26/95 (310) 605-3300
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR

**NATIONAL AMERICAN INSURANCE COMPANY OF CALIFORNIA
DIRECTORS AND OFFICERS**

DIRECTORS:

C. Kirk Rhein, Jr.	Chairman	37 Three Wells Lane Darien, Connecticut 06820
James P. Heffernan	Director	12 Ridge Road Bronxville, New York 10708
Martin J. Whitman	Director	285 Central Park West #12 New York, New York 10024
William R. Story	Director	2150 Port Durness Place Newport Beach, California 92660

OFFICERS:

William R. Story	President	2150 Port Durness Place Newport Beach, California 92660
James R. Clary	Sr. Vice President, Underwriting	32712 Brookseed Drive Trabuco Canyon, California 92679
Andrew J. Hendricks	Sr. Vice President, Marketing	30394 Via Estoril Laguna Niguel, California 92677
James A. Krantz	Vice President, Treasurer and Chief Financial Officer	1135 Del Rey Avenue Pasadena, California 91107
William S. Trapp	Vice President, Workers' Compensation Claims	7294 Pomelo West Hills, California 91307
Vahe Khachaturian	Vice President, Information Systems	1542 Descanso Drive La Canada, California 91011
Mitchell J. Wyka	Vice President, W/C Underwriting	5815 Hickory Drive, Unit E Agoura, California 91301
Theresa T. Erwin	Secretary	2500 Willow #109 Signal Hill, California 90806
Lisa D. Levey	Assistant Secretary	35 Greenmeadow Road Pleasantville, New York 10570
Jeannie Gasparac	Assistant Treasurer	5975 #2 East PCH Long Beach, California 90803
Joy Janes	Controller	5710 Harvey Way Lakewood, California 90713