

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P20309 (1)**

1. Corporation Name  
**NATIONAL AMERICAN INSURANCE COMPANY OF CALIFORNIA INCORPORATED**



Principal Place of Business Mailing Address  
**19100 SUSANA ROAD RANCHO DOMINGUEZ CA 90221**      **19100 SUSANA ROAD RANCHO DOMINGUEZ CA 90221**

3. Date Incorporated or Qualified **08/01/1988**      3a. Date of Last Report **02/02/1995**  
4. FEI Number **95-2488300**      Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  No

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

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      FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STORY, WILLIAM R	
STREET ADDRESS	2150 PORT DURNES PLACE	
CITY- ST- ZIP	NEWPORT BEACH CA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HENDRICKS, ANDREW J.	
STREET ADDRESS	30394 VIA ESTORIL	
CITY- ST- ZIP	LAGUNA NIGEL CA	
TITLE	C	<input type="checkbox"/> DELETE
NAME	RHEIN, JR. C	
STREET ADDRESS	37 THREE WELLS LANE	
CITY- ST- ZIP	DARIENT CO	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ERWIN, THERESA T.	
STREET ADDRESS	2500 WILLOW STREET #109	
CITY- ST- ZIP	SIGNAL HILL CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEFFERNAN, JAMES P.	
STREET ADDRESS	12 RIDGE ROAD	
CITY- ST- ZIP	BRONXVILLE NY	
TITLE	VT	<input type="checkbox"/> DELETE
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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: *James Krantz*      1/22/95      (310) 605-3300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CR2E034 (12/95)

**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
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
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