

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Feb 19 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 90221-5700
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3. Date Incorporated or Qualified 08/01/1988	3a. Date of Last Report 02/08/1996
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 type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	<input checked="" type="checkbox"/> DELETE
NAME	STORY, WILLIAM R	
STREET ADDRESS	2150 PORT DURNESS PLACE	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	C	<input checked="" 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 checked="" 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	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Clary, James R.	
1.3 STREET ADDRESS	19100 Susana Road	
1.4 CITY-ST-ZIP	Rancho Dominguez, CA 90221	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Barse, David M.	
2.3 STREET ADDRESS	767 Third Avenue, 15th Floor	
2.4 CITY-ST-ZIP	New York, New York 10017-2023	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Erwin, Theresa T.	
3.3 STREET ADDRESS	19100 Susana Road	
3.4 CITY-ST-ZIP	Rancho Dominguez, CA 90221	
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	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Krantz, James A.	
5.3 STREET ADDRESS	19100 Susana Road	
5.4 CITY-ST-ZIP	Rancho Dominguez, CA 90221	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 A. Krantz* **REQUIRED** Krantz 2/10/97 (310) 605-3276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/96)