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**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90047 031 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P20309

1. Corporation Name

NATIONAL AMERICAN INSURANCE COMPANY OF CALIFORNIA INCORPORATED



Principal Place of Business

Mailing Address

19100 SUSANA ROAD  
 RANCHO DOMINGUEZ CA 90221

PO BOX 5808  
 LONG BEACH FL 90805-750  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1988

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State  
 Long Beach, CA

24 Zip Country

28 Zip 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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE

NAME CLARY, JAMES R.  
 STREET ADDRESS 19100 SUSANA ROAD  
 CITY-ST-ZIP RANCHO DOMINGUEZ CA 90221

TITLE D  DELETE

NAME BARSE, DAVID M.  
 STREET ADDRESS 767 THIRD AVENUE, 5TH FLOOR  
 CITY-ST-ZIP NEW YORK NY 10017-2023

TITLE S  DELETE

NAME ERWIN, THERESA T.  
 STREET ADDRESS 19100 SUSANA ROAD  
 CITY-ST-ZIP RANCHO DOMINQUEZ CA 90221

TITLE VTD  DELETE

NAME KRANTZ, JAMES A  
 STREET ADDRESS 19100 SUSANA ROAD  
 CITY-ST-ZIP RANCHO DOMINQUEZ CA 90221

TITLE D  DELETE

NAME CARNEY, MICHAEL T  
 STREET ADDRESS 767 THIRD AVENUE, 5TH FLOOR  
 CITY-ST-ZIP NEW YORK NY 10017-2023

TITLE D  DELETE

NAME WHITMAN, MARTIN J  
 STREET ADDRESS 767 THIRD AVENUE, 5TH FLOOR  
 CITY-ST-ZIP NEW YORK NY 10017-2023

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP Rancho Dominguez CA 90221

2.1 TITLE  Change  Addition

2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP Rancho Dominguez CA 90221

4.1 TITLE  Change  Addition

4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(310) 605-3300

Daytime Phone #

CR2E034 (11/98)