

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90111 048 ***150.00

DOCUMENT # P20309

1. Entity Name
NATIONAL AMERICAN INSURANCE COMPANY OF CALIFORNIA

Principal Place of Business 19100 SUSANA ROAD RANCHO DOMINGUEZ CA 90221	Mailing Address PO BOX 5808 LONG BEACH FL 90805-750 US
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State LONG BEACH, CA
Zip	Country
90805-0750	

4. FEI Number **95-2488300** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**FLORIDA INSURANCE COMMISSIONER
 STATE CAPITOL
 TALLAHASSEE FL 32399**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARY, JAMES R. <input type="checkbox"/> Delete 19100 SUSANA ROAD RANCHO DOMINQUEZ CA 90221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARSE, DAVID M. <input type="checkbox"/> Delete 767 THIRD AVENUE, 5TH FLOOR NEW YORK NY 10017-2023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ERWIN, THERESA T. <input checked="" type="checkbox"/> Delete 19100 SUSANA ROAD RANCHO DOMINQUEZ CA 90221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KRANTZ, JAMES A <input checked="" type="checkbox"/> Delete 19100 SUSANA ROAD RANCHO DOMINQUEZ CA 90221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARNEY, MICHAEL T <input type="checkbox"/> Delete 767 THIRD AVENUE, 5TH FLOOR NEW YORK NY 10017-2023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITMAN, MARTIN J <input type="checkbox"/> Delete 767 THIRD AVENUE, 5TH FLOOR NEW YORK NY 10017-2023

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARY, JAMES R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (city misspelled) 19100 SUSANA ROAD RANCHO DOMINGUEZ, CA 90221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BROTTER, ARTHUR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19100 SUSANA ROAD RANCHO DOMINGUEZ, CA 90221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEIN, DONALD G. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19100 SUSANA ROAD RANCHO DOMINGUEZ, CA 90221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PADGHAM, DAVID P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19100 SUSANA ROAD RANCHO DOMINGUEZ, CA 90221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **David Padgham** 2/14/01 (310) 605-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE