

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90271 035 \*\*\*150.00

**DOCUMENT # P20309**

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



Principal Place of Business 19100 SUSANA ROAD RANCHO DOMINGUEZ, CA 90221	Mailing Address PO BOX 5808 LONG BEACH, CA 90805-0750 US
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**ZUW46566**



2. Principal Place of Business <b>444 West Ocean Boulevard</b> Suite, Apt. #, etc. <b>18th Floor</b>	3. Mailing Address <b>P.O. Box 32039</b> Suite, Apt. #, etc.
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04122005 Chg-P CR2E034 (10/03)

City & State <b>Long Beach, CA</b>	City & State <b>Long Beach, CA</b>	4. FEI Number <b>95-2488300</b>	Applied For Not Applicable
Zip <b>90802</b>	Country <b>USA</b>	Zip <b>90832-2039</b>	Country <b>USA</b>

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

6. Name and Address of Current Registered Agent <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SCHNEIDER, JON M 19100 SUSANA ROAD RANCHO DOMINGUEZ, CA 90221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Schneider, Jon M. 444 West Ocean Boulevard, 18th Floor Long Beach, CA 90802 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEIN, DONALD G 19100 SUSANA ROAD RANCHO DOMINGUEZ, CA 90221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hein, Donald G. 444 West Ocean Boulevard, 18th Floor Long Beach, CA 90802 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRANT, KEVIN M 19100 SUSANA ROAD RANCHO DOMINGUEZ, CA 90221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Grant, Kevin M. 444 West Ocean Boulevard, 18th Floor Long Beach, CA 90802 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATE, WILLIAM TWO N. RIVERSIDE PLAZA, STE 600 CHICAGO, IL 60606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TINKLER, PHILIP G TWO N. RIVERSIDE PLAZA, STE 600 CHICAGO, IL 60606 <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anthony J. Orlando 40 Lane Road Fairfield, NJ 07004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald G. Hein Date: 4-12-05 Daytime Phone #: (562) 279-1300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR