


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90042 050 ***150.00

DOCUMENT # P20309

1. Entity Name
NATIONAL AMERICAN INSURANCE COMPANY OF CALIFORNIA INCORPORATED



Principal Place of Business Mailing Address

**444 W. OCEAN BLVD
 18TH FLOOR
 LONG BEACH, CA 90802**

**P.O. BOX 32039
 LONG BEACH, CA 90832 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01272007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

95-2488300 Not Applicable

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



6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SCHNEIDER, JON M	
STREET ADDRESS	444 W. OCEAN BLVD., 18TH FLOOR	
CITY-ST-ZIP	LONG BEACH, CA 90802	
TITLE	S	<input type="checkbox"/> Delete
NAME	HEIN, DONALD G	
STREET ADDRESS	444 W. OCEAN BLVD., 18TH FLOOR	
CITY-ST-ZIP	LONG BEACH, CA 90802	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRANT, KEVIN M	
STREET ADDRESS	444 W. OCEAN BLVD., 18TH FLOOR	
CITY-ST-ZIP	LONG BEACH, CA 90802	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ABOLT, CRAIG D	
STREET ADDRESS	40 LANE RD	
CITY-ST-ZIP	FAIRFIELD, NJ 07004	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORLANDO, ANTHONY J.	
STREET ADDRESS	40 LANE ROAD	
CITY-ST-ZIP	FAIRFIELD, NJ 07004	
TITLE	V	<input type="checkbox"/> Delete
NAME	LILL, EDWARD J	
STREET ADDRESS	40 LANE RD	
CITY-ST-ZIP	FAIRFIELD, NJ 07004	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KHACHATURIAN, VAHE	
STREET ADDRESS	444 W. OCEAN BLVD., 18TH FLOOR	
CITY-ST-ZIP	LONG BEACH, CA 90802	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMPSON, TIMOTHY J.	
STREET ADDRESS	40 LANE RD	
CITY-ST-ZIP	FAIRFIELD, NJ 07004	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Donald G. Hein 4/12/07 (562) 279-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #