

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20309

**FILED**  
**Jul 09, 2015**  
**Secretary of State**  
**CC5721346289**

**Entity Name:** NATIONAL AMERICAN INSURANCE COMPANY OF CALIFORNIA  
INCORPORATED

**Current Principal Place of Business:**

444 W. OCEAN BLVD  
SUITE 1070  
LONG BEACH, CA 90802

**Current Mailing Address:**

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

**FEI Number: 95-2488300**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            HAASE, GERALD S  
Address        40 FULTON STREET  
                  12TH FLOOR  
City-State-Zip: NEW YORK NY 10038

Title            CFO  
Name            HEIN, DONALD G  
Address        444 W. OCEAN BLVD.  
                  SUITE 1070  
City-State-Zip: LONG BEACH CA 90802

Title            VP  
Name            GRANT, KEVIN M  
Address        444 W. OCEAN BLVD.  
                  SUITE 1070  
City-State-Zip: LONG BEACH CA 90802

Title            SECRETARY  
Name            CLAFLIN, SUSAN  
Address        185 ASYLUM STREET  
                  CITYPLACE II  
City-State-Zip: HARTFORD CT 06103

Title            DIRECTOR  
Name            JOHNSON, PETER  
Address        40 FULTON STREET  
                  12TH FLOOR  
City-State-Zip: NEW YORK NY 10038

Title            DIRECTOR  
Name            BANNERMAN, MARTHA G  
Address        40 FULTON STREET  
                  12TH FLOOR  
City-State-Zip: NEW YORK NY 10038

Title            DIRECTOR  
Name            WARE, DAWNE  
Address        185 ASYLUM STREET  
                  CITYPLACE II  
City-State-Zip: HARTFORD CT 06103

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DONALD G. HEIN**

**VICE PRESIDENT & CFO**

**07/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date