

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20309

**FILED**  
**Mar 21, 2014**  
**Secretary of State**  
**CC8446631476**

**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 P  
Name POTTLE, THOMAS A  
Address 444 W. OCEAN BLVD.  
SUITE 1070  
City-State-Zip: LONG BEACH CA 90802

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

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

Title D  
Name SIMPSON, TIMOTHY J  
Address 445 SOUTH STREET  
City-State-Zip: MORRISTOWN NJ 07960

Title D  
Name PERUSSE, GARY D  
Address 445 SOUTH STREET  
City-State-Zip: MORRISTOWN NJ 07960

Title D  
Name HELGESON, BRADFORD J  
Address 445 SOUTH STREET  
City-State-Zip: MORRISTOWN NJ 07960

*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**

**SECRETARY**

**03/21/2014**

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

\_\_\_\_\_  
Date