

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20309

FILED
Mar 23, 2016
Secretary of State
CC2653603933

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

Title CFO, SENIOR VICE PRESIDENT
Name PRICE, TRACEY
Address CITYPLACE II
 185 ASYLUM STREET 9TH FLOOR
City-State-Zip: HARTFORD CT 06103

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

Title GENERAL COUNSEL, 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, SENIOR VICE PRESIDENT
Name WARE, DAWNE
Address 185 ASYLUM STREET
 CITYPLACE II
City-State-Zip: HARTFORD CT 06103

Title ASSISTANT SECRETARY
Name LEGERE, DIANE
Address CITYPLACE II
 185 ASYLUM STREET
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: DIANE LEGERE

ASSISTANT SECRETARY 03/23/2016

Electronic Signature of Signing Officer/Director Detail

Date