

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 824874**

1. Entity Name  
**NATIONAL AMERICAN INSURANCE COMPANY**



Principal Place of Business

**1008 MANVEL AVENUE  
CHANDLER, OK 74834**

Mailing Address

**P.O. DRAWER 9  
CHANDLER, OK 74834**

**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**47-0247300**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000339346  
04/28/05-80071-018 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	CD
NAME	LAGERE, W. BRENT
STREET ADDRESS	1008 MANVEL AVE.
CITY-ST-ZIP	CHANDLER, OK
TITLE	DP
NAME	PADEN MARK T.
STREET ADDRESS	1008 MANVEL AVE.
CITY-ST-ZIP	CHANDLER, OK
TITLE	DSV
NAME	GILMORE, ROBERT P
STREET ADDRESS	1008 MANVEL AVENUE
CITY-ST-ZIP	CHANDLER, OK 74834
TITLE	TV
NAME	HART, MARK C
STREET ADDRESS	1008 MANVEL AVENUE
CITY-ST-ZIP	CHANDLER, OK 74834
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

**MARK C. HART**  
**VP-FIN, CFO & TREASURER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/2005**  
Date

**(405) 258-0804**  
Daytime Phone #