

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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May 02, 2006 8:00 am
Secretary of State

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04272006 Chg-P CR2E034 (11/05)

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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P O BOX 9 Suite, Apt. #, etc.		4. FEI Number 47-0247300 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State CHANDLER, OK			
Zip 74834	Country USA	Zip 74834	Country USA		
6. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL BUILDING 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LAGERE, W. BRENT 1008 MANVEL AVE. CHANDLER, OK	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PADEN MARK T. 1008 MANVEL AVE. CHANDLER, OK	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV GILMORE, ROBERT P 1008 MANVEL AVENUE CHANDLER, OK 74834	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV HART, MARK C 1008 MANVEL AVENUE CHANDLER, OK 74834	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		MARK C. HART VP-FINANCE, CFO & TREASURER		4/28/2006	(405) 258-0804
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	



April 28, 2006

Florida Department of State
Division of Corporations
2670 Executive Center Circle, Suite 100
Tallahassee, FL 32301

Re: 2006 for Profit Corporation Annual Report

Dear Sir:

We are enclosing the above referenced form for National American Insurance Company.

We have enclosed a check for \$150, the amount due on the remitted form.

If you have any questions, please call me at (405) 258-4357.

Sincerely,

A handwritten signature in black ink that reads "Kelly Melton". The signature is written in a cursive, flowing style.

Kelly Melton
State Reporting Accountant

KM:sh

Enclosures