2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# 824874

Entity Name: NATIONAL AMERICAN INSURANCE COMPANY

Current Principal Place of Business:

1008 MANVEL AVENUE
CHANDLER, OK 74834

New Principal Place of Business:

1010 MANVEL AVENUE
CHANDLER, OK 74834

Current Mailing Address:

POB 9
CHANDLER, OK 74834

New Mailing Address:

PO BOX 9
CHANDLER, OK 74834

FEI Number: 47-0247300 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: LAGERE,W. BRENT
Address: 1008 MANVEL AVE.
City-St-Zip: CHANDLER, OK

Title: DP ( ) Delete
Name: PADEN MARK T.
Address: 1008 MANVEL AVE.
City-St-Zip: CHANDLER, OK

Title: DSV ( ) Delete
Name: GILMORE, ROBERT P
Address: 1008 MANVEL AVENUE
City-St-Zip: CHANDLER, OK 74834

Title: TV ( ) Delete
Name: HART, MARK C
Address: 1008 MANVEL AVENUE
City-St-Zip: CHANDLER, OK 74834

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: LAGERE, W. BRENT
Address: 1010 MANVEL AVENUE
City-St-Zip: CHANDLER, OK 74834

Title: DP (X) Change ( ) Addition
Name: PADEN, MARK T
Address: 1010 MANVEL AVE.
City-St-Zip: CHANDLER, OK 74834

Title: DSV (X) Change ( ) Addition
Name: GILMORE, ROBERT P
Address: 1010 MANVEL AVENUE
City-St-Zip: CHANDLER, OK 74834

Title: TV (X) Change ( ) Addition
Name: HART, MARK C
Address: 1010 MANVEL AVENUE
City-St-Zip: CHANDLER, OK 74834

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARK C. HART TV 04/28/2009

Electronic Signature of Signing Officer or Director — Date