

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 855267 (1)
 1. Corporation Name
NATIONAL INSURANCE COMPANY



Principal Place of Business 510 MUNOZ RIVERA AVENUE SAN JUAN PR 00918 US	Mailing Address P.O. BOX 366107 SAN JUAN PR 00936-6107 US
--	---

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/17/1983	3a. Date of Last Report 02/16/1996
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2584679	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COMMISSIONER OF INSURANCE, STATE OF FLORIDA THE CAPITOL BUILDING TALLAHASSEE FL 32301	81. Name	10. Name and Address of New Registered Agent
	82. Street Address (P.O. Box Number is Not Acceptable)	
	83.	
	84. City	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BENITEZ, DERODRIQUEZ G		1.2 NAME	
STREET ADDRESS 510 MUNOZ RIVERA AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP HATO REY, P.		1.4 CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GONZALEZ, ALEJANDRO J.		2.2 NAME	
STREET ADDRESS 510 MUNOZ RIVERA AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP HATO REY, P. R.		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BENITEZ, MARIA DE LOS A		3.2 NAME	
STREET ADDRESS 510 MUNOZ RIVERA AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP HATO REY, P. R.		3.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DE GARCIA, MARIA JULIA C		4.2 NAME	
STREET ADDRESS 510 MUNOZ RIVERA AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP HATO REY, P. R.		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BIRD, MODESTO		5.2 NAME	
STREET ADDRESS 510 MUNOZ RIVERA AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP HATO REY, P. R.		5.4 CITY-ST-ZIP	
TITLE CPD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BENITEZ, CARLOS M., JR.		6.2 NAME	
STREET ADDRESS 510 MUNOZ RIVERA AVE.		6.3 STREET ADDRESS	
CITY-ST-ZIP HATO REY, P. R.		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carlos M. Benitez, Jr.* DATE: **4/22/97** DAYTIME PHONE: **(787) 758-0809**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

NATIONAL INSURANCE COMPANY
FEI NUMBER 59-2584679

1997 Annual Report - To form part of Block #12

Title	Name of Officers and Directors	Street Address
V	MILLAN, FREDERICK	510 MUÑOZ RIVERA AVE HATO REY PR 00918
D	BENITEZ, VIOLA R.	510 MUÑOZ RIVERA AVE HATO REY PR 00918
D	RIVERA MUÑOZ, FERNANDO	510 MUÑOZ RIVERA AVE HATO REY PR 00918
D	RAMOS GONZALEZ, VIRGILIO	510 MUÑOZ RIVERA AVE HATO REY PR 00918
D	REYES, MARGARITA	510 MUÑOZ RIVERA AVE HATO REY PR 00918
