

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90395 007 \*\*\*150.00

**DOCUMENT # 855267**

1. Entity Name  
**NATIONAL INSURANCE COMPANY**

Principal Place of Business <b>510 MUNOZ RIVERA AVENUE          SAN JUAN PR 00918          US</b>	Mailing Address <b>P.O. BOX 366107          SAN JAUN PR 00936-6107          US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2584679</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**COMMISSIONER OF INSURANCE, STATE OF FLORIDA  
 THE CAPITOL BUILDING  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BENITEZ, DERODRIQUEZ G</b>	
STREET ADDRESS	<b>510 MUNOZ RIVERIA AVENUE</b>	
CITY-ST-ZIP	<b>HATO REY P.</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BENITEZ, MARIA DE LOS A</b>	
STREET ADDRESS	<b>510 MUNOZ RIVERA AVE.</b>	
CITY-ST-ZIP	<b>HATO REY, P. R.</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>DE GARCIA, MARIA JULIA C</b>	
STREET ADDRESS	<b>510 MUNOZ RIVERA AVE.</b>	
CITY-ST-ZIP	<b>HATO REY, P. R.</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BIRD, MODESTO</b>	
STREET ADDRESS	<b>510 MUNOZ RIVERA AVE.</b>	
CITY-ST-ZIP	<b>HATO REY, P. R.</b>	
TITLE	<b>CPD</b>	<input type="checkbox"/> Delete
NAME	<b>BENITEZ, CARLOS M., JR.</b>	
STREET ADDRESS	<b>510 MUNOZ RIVERA AVE.</b>	
CITY-ST-ZIP	<b>HATO REY, P. R.</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BENITEZ, VIOLA</b>	
STREET ADDRESS	<b>510 MUNOZ RIVERA AVE</b>	
CITY-ST-ZIP	<b>HATO REY PR 00918</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Fernando Rivera Muñoz</b>	
STREET ADDRESS	<b>510 Muñoz Rivera Avenue</b>	
CITY-ST-ZIP	<b>Hato Rey, PR 00918</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Margarita Reyes</b>	
STREET ADDRESS	<b>510 Muñoz Rivera Avenue</b>	
CITY-ST-ZIP	<b>Hato Rey, PR 00918</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Fernando Rivera Arroyo</b>	
STREET ADDRESS	<b>510 Muñoz Rivera Ave</b>	
CITY-ST-ZIP	<b>Hato Rey, PR 00918</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Roberto Daza</b>	
STREET ADDRESS	<b>510 Muñoz Rivera Avenue</b>	
CITY-ST-ZIP	<b>Hato Rey, PR 00918</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Virgilio Ramos</b>	
STREET ADDRESS	<b>510 Muñoz Rivera Avenue</b>	
CITY-ST-ZIP	<b>Hato Rey, PR 00918</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Federick Millán</b>	
STREET ADDRESS	<b>510 Muñoz Rivera Avenue</b>	
CITY-ST-ZIP	<b>Hato Rey, PR 00918</b>	

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Fredrick Miller* **4/30/01** **787-758-0909**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)