


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 8:00 am
Secretary of State

04-20-2004 90035 021 ***150.00


00420755

DOCUMENT # 855267
1. Entity Name
NATIONAL INSURANCE COMPANY



Principal Place of Business 510 MUNOZ RIVERA AVENUE SAN JUAN, PR 00918 US	Mailing Address P.O. BOX 366107 SAN JAUN, PR 00936-6107 US
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DO NOT WRITE IN THIS SPACE



01282004 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
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: *Lina M Delgado* **LINA M DELGADO** **04/15/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIVERA MUNOZ, FERNANDO 510 MUNOZ RIVERIA AVENUE HATO REY, PR 00918
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS GONZALEZ, VIRGILIO 510 MUNOZ RIVERA AVE. HATO REY, PR 00918
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DE GARCIA, MARIA JULIA C 510 MUNOZ RIVERA AVE. HATO REY, PR 00918
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYES, MARGARITA 510 MUNOZ RIVERA AVE. HATO REY, PR 00918
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD BENITEZ, CARLOS M., JR. 510 MUNOZ RIVERA AVE. HATO REY, PR 00918
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENITEZ, VIOLA 510 MUNOZ RIVERA AVE HATO REY, PR 00918

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria Julia de Garcia* **May 4, 2004 (787)758-0909 Ext. 3547**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #