


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 08:00 AM
Secretary of State

DOCUMENT # 855267
 1. Entity Name
NATIONAL INSURANCE COMPANY



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

DO NOT WRITE IN THIS SPACE



07052005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2584679 Applied For
 Not Applicable

5. Certificate of Status Desired **\$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

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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 _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	RIVERA MUNOZ, FERNANDO
STREET ADDRESS	510 MUNOZ RIVERIA AVENUE
CITY-ST-ZIP	HATO REY, PR 00918
TITLE	D
NAME	RAMOS GONZALEZ, VIRGILIO
STREET ADDRESS	510 MUNOZ RIVERA AVE.
CITY-ST-ZIP	HATO REY, PR 00918
TITLE	TD
NAME	DE GARCIA, MARIA JULIA C
STREET ADDRESS	510 MUNOZ RIVERA AVE.
CITY-ST-ZIP	HATO REY, PR 00918
TITLE	D
NAME	REYES, MARGARITA
STREET ADDRESS	510 MUNOZ RIVERA AVE.
CITY-ST-ZIP	HATO REY, PR 00918
TITLE	CPD
NAME	BENITEZ, CARLOS M., JR.
STREET ADDRESS	510 MUNOZ RIVERA AVE.
CITY-ST-ZIP	HATO REY, PR 00918
TITLE	D
NAME	BENITEZ, VIOLA
STREET ADDRESS	510 MUNOZ RIVERA AVE
CITY-ST-ZIP	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: Carlos M. Benitez Jr ATIE 7/5/05 Date Daytime Phone #