

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855267

FILED  
Apr 18, 2007  
Secretary of State

Entity Name: NATIONAL INSURANCE COMPANY

**Current Principal Place of Business:**

238 PALERMO AVE.  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

238 PALERMO AVE.  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 59-2584679      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
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: SD ( ) Delete  
Name: CRUZ, RAMON  
Address: 510 MUNOZ RIVERIA AVENUE  
City-St-Zip: HATO REY, PR 00918

Title: D ( ) Delete  
Name: RAMOS GONZALEZ, VIRGILIO  
Address: 510 MUNOZ RIVERA AVE.  
City-St-Zip: HATO REY, PR 00918

Title: TD ( ) Delete  
Name: DE GARCIA, MARIA JULI, A C  
Address: 510 MUNOZ RIVERA AVE.  
City-St-Zip: HATO REY, PR 00918

Title: D ( ) Delete  
Name: ARTHUR, EDUARDO  
Address: 510 MUNOZ RIVERA AVENUE  
City-St-Zip: HATO REY, PR 00918

Title: CPD ( ) Delete  
Name: BENITEZ, CARLOS M., JR.  
Address: 510 MUNOZ RIVERA AVE.  
City-St-Zip: HATO REY, PR 00918

Title: D ( ) Delete  
Name: BENITEZ, JORGE E  
Address: 238 PALERMO AVE.  
City-St-Zip: CORAL GABLES, FL 33134 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JORGE E BENITEZ

D

04/18/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date