

**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
**510 MUNOZ RIVERA AVENUE
SAN JUAN, PR 00918 US**

Mailing Address
**P.O. BOX 366107
SAN JUAN, PR 00936-6107 US**



07052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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**

**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

Signature, typed or printed name of registered agent and title if applicable

(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
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**

U00000372480
07/13/05-80002-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #