

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 855267

FILED  
Mar 22, 2010  
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:

510 MUNOZ RIVERA AVENUE  
HATO REY, PR 00918 PR

## Current Mailing Address:

238 PALERMO AVE.  
CORAL GABLES, FL 33134 US

## New Mailing Address:

101 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

FEI Number: 66-0237614

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## 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: CHIEF FINANCIAL OFFICER

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD  
Name: BENITEZ, CARLOS M JR  
Address: 510 MUNOZ RIVERIA AVENUE  
City-St-Zip: SAN JUAN, PR 00918 PR

Title: PD  
Name: VAN RHYN, EDGARDO  
Address: 510 MUNOZ RIVERA AVE.  
City-St-Zip: HATO REY, PR 00918 PR

Title: SD  
Name: RODRIGUEZ GOMEZ, EDGAR  
Address: 510 MUNOZ RIVERA AVE.  
City-St-Zip: HATO REY, PR 00918 PR

Title: D  
Name: RAMOS GONZALEZ, VIRGILIO  
Address: 124 CALLE ANDREU AGUILAR  
City-St-Zip: SAN JUAN, PR 00918 PR

Title: D  
Name: RIVERA MUNICH, FERNANDO  
Address: 252 PONCE DE LEON AVE., 15 FL, STE. 1501  
City-St-Zip: SAN JUAN, PR 00918

Title: D  
Name: SOTO BALBAS, JUAN  
Address: CIM TORRE I STE 210, CARR. 165 #100  
City-St-Zip: GUAYNABO, PR 00968 PR

I hereby 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 all other like empowered.

SIGNATURE: EDGAR RODRIGUEZ

SD

03/22/2010

Electronic Signature of Signing Officer or Director

Date

**Continuation Officers and Directors National Insurance Company**  
**Document Number 855267**

**9. Names and Street Addresses of each Officer and/or Director**

Titles	Name of Officers and/or Director	Street Address	City	State	Zipcode	Country
V	BETANCOURT, EDGARDO	510 MUÑOZ RIVERA AVE	SAN JUAN	PR	00918	PR
V	MONTERO, EVELYN	510 MUÑOZ RIVERA AVE	SAN JUAN	PR	00918	PR
V	RIVERA, LUIS F.	510 MUÑOZ RIVERA AVE	SAN JUAN	PR	00918	PR
V	BETANCOURT, RAFAEL E.	510 MUÑOZ RIVERA AVE	SAN JUAN	PR	00918	PR
V	RIVERA, OSCAR	510 MUÑOZ RIVERA AVE	SAN JUAN	PR	00918	PR

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