FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

P 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 5:35

DOCUMENT # P01655 (0)

1. Corporation Name

NALIC LIFE INSURANCE COMPANY

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/18/1984
3a. Date of Last Report: 09/15/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 52-1565869 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GUZMAN, HILDA
2121 PONCE DE LEON BLVD
STE 1200
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] 3/27/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☐ Change ☐ Addition
NAME	BENITEZ, CARLOS M.	1.2 NAME	
STREET ADDRESS	62 MALVA STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIO PIEDRAS, P RICO	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	MUNOZ, FERNANDO RIVERA	2.2 NAME	
STREET ADDRESS	10-3 TULIP STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIO PIEDRAS, PUERTO RI	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	MARTINEZ, EDGARDO RUBEN	3.2 NAME	
STREET ADDRESS	E-4 CAUCE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIO PIEDRAS, P RICO	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	MARIA DE LOS A. BENITEZ DE MTZ	4.2 NAME	
STREET ADDRESS	W4-13 CALDERON DE LA BARCA ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	HUCARES RI	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	DE GARCIA, MARIA JULIA	5.2 NAME	
STREET ADDRESS	3C5 PANORAMA ESTATES	5.3 STREET ADDRESS	
CITY-ST-ZIP	BAYAMON PR	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Fernando Rivera Muñoz 3/27/95 (809) 758 8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04P95010 FP