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03-02-1999 90069 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01655

1. Corporation Name
NALIC LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
510 MUNOZ RIVERA AVENUE HATO REY PR 00918	2121 PONCE DE LEON BLVD STE 1200 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/18/1984

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

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BENITEZ, CARLOS M JR		1.2 NAME		
STREET ADDRESS	CASA A-1 CALLE 1, SANTA MARIA CHALETS		1.3 STREET ADDRESS		
CITY-ST-ZIP	RIO PIEDRAS, PR 00926		1.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	2.1 TITLE	P	☐ Change ☒ Addition
NAME	MUNOZ, FERNANDO RIVERA		2.2 NAME	BENITEZ, CARLOS M Jr.	
STREET ADDRESS	COND. FOUNTAIN BLEU PLAZA APT. 2104		2.3 STREET ADDRESS	510 MUNOZ RIVERA AVE.	
CITY-ST-ZIP	GUAYNABO, PR 00969		2.4 CITY-ST-ZIP	HATO REY PR 00918	
TITLE	V	☐ DELETE	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	☒ DELETE	4.1 TITLE	S	☐ Change ☒ Addition
NAME	MARIA DE LOS A. BENITEZ DE MTZ		4. 2 NAME	GLORIA J. BENITEZ DE RODRIGUEZ	
STREET ADDRESS	W4-13 CALDERON DE LA BARCA ST		4.3 STREET ADDRESS	510 MUNOZ RIVERA AVE	
CITY-ST-ZIP	HUCARES RI		4.4 CITY-ST-ZIP	HATO REY PR 00918	
TITLE	T	☐ DELETE	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	V	☒ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME	ARROYO, FERNANDO R		6.2 NAME	ROBERTO DANA	
STREET ADDRESS	CONDOMINIO FOUNTAIN BLE PLAZA, APT 2203		6.3 STREET ADDRESS	2121 PONCE DE LEON BLVD STE 1200	
CITY-ST-ZIP	GUAYNABO P. 00969		6.4 CITY-ST-ZIP	CORAL GABLES FL 33134	

CR2E034 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #