2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 8:00 am
Secretary of State
02-16-2001 90002 036 ***150.00

0164520

DOCUMENT # P01655

1. Entity 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 500 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	101 ALMERIA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: CORAL GABLES FL
Zip / Country	Zip: 33134 / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUZMAN, HILDA 2121 PONCE DE LEON BLVD STE 500 CORAL GABLES FL 33134	Name: GUZMAN, HILDA Street Address (P.O. Box Number is Not Acceptable): 101 ALMERIA AVE City: CORAL GABLES FL Zip Code: 33134

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C BENITEZ, CARLOS M JR CASA A-1 CALLE 1, SANTA MARIA CHALETS RIO PIEDRAS, PR 00926	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BENITEZ, CARLOS M RJ 510 MUNOZ RIVERA AVE HATO REY PR 00918	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MARTINEZ, EDGARDO RUBEN E-4 CAUCE STREET RIO PIEDRAS, P RICO	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DE RODRIGUEZ, GLORIA J 510 MUNOZ RIVERA AVE HATO REY PR 00918	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DE GARCIA, MARIA JULIA 3C5 PANORAMA ESTATES BAYAMON PR	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DANA, ROBERTO 2121 PONCE DE LEON BLVD STE 500 CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DANA, ROBERTO 101 ALMERIA AVE CORAL GABLES FL 33134	☒ Change ☐ Addition

CR2E034 (10/00)

13. 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 11 or Block 12 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 #