2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01655

1. Entity Name
NALIC LIFE INSURANCE COMPANY

Principal Place of Business

HATO REY, PR 00918

510 MUNOZ RIVERA AVENUE

Mailing Address

101 ALMERIA AVENUE CORAL GABLES, FL 33134

FILED Apr 20, 2004 8:00 am Secretary of State

04-20-2004 90035 017 ***150.00



04022004

No Chg-P

CR2E034 (10/03)

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

GUZMAN, HILDA 101 ALMERIA AVENUE CORAL GABLES, FL 33134

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the obligati	named entity submits this statement for the pons of registered agent. Signature, typed or printed name of registered agent and title			registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
	E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		-
10. %	OFFICERS AND DIRE	CTORS				
NAME STREET ADDRESS CITY-ST-ZIP	C BENITEZ, CARĻOS M JR CASA A-1 CALLE 1, SANTA MARIA CHALETS RIO PIEDRAS, PR, 00926					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENITEZ, JR, CARLOS M 510 MUNOZ RIVERA AVE HATO REY, PR 00918					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTINEZ, EDGARDO RUBEN E-4 CAUCE STREET RIO PIEDRAS, P RICO,			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDO, RIVERA MUNOZ 510 MUNOZ RIVERA AVE HATO REY, PR 00918		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DE GARCIA, MARIA JULIA 3C5 PANORAMA ESTATES BAYAMON, PR					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DANA, ROBERTO 101 ALMERIA AVENUE CORAL GABLES, FL 33134					

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

1/5/04

(305) 445-3181.