## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01655

Entity Name: NALIC LIFE INSURANCE COMPANY

FILED Feb 07, 2006 Secretary of State

Thirty Hame! 147 tele ell e il 100 il 7 il 100 e colvil 7 il 11					
Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	Z RIVERA AV , PR 00918	/ENUE			
Current Mailing Address:			New Mailir	New Mailing Address:	
	RIA AVENUE BLES, FL 33	134			
FEI Number:	52-1565869	FEI Number Applied For ( )	El Number Not Appli	cable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
P.O. BOX 6 200 E. GAIN	ANCIAL OFFI 200 (32314-6 NES ST. SEE, FL 323	200)			
The above in the State		submits this statement for the purp	ose of changing it	s registered office or registered agent, or both,	
SIGNATUR	E:				
Electronic Signature of Registered Agent				Date	
Election Cam	paign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BENITEZ, CAR	LE 1, SANTA MARIA CHALETS	Title: Name: Address: City-St-Zip:	C (X) Change ( ) Addition BENITEZ, CARLOS M JR CASA A-1 CALLE 1, SANTA MARIA CHALETS RIO PIEDRAS, PR 00926	
Title: Name: Address: City-St-Zip:	P ( BENITEZ, JR, 9 510 MUNOZ R HATO REY, PR	VERA AVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	,		Title: Name: Address: City-St-Zip:	V (X) Change ( ) Addition MARTINEZ, EDGARDO RU, BEN E-4 CAUCE STREET RIO PIEDRAS, PR	
Title: Name: Address: City-St-Zip:	*		Title: Name: Address: City-St-Zip:	S (X) Change ( ) Addition CRUZ, RAMON 510 MUNOZ RIVERA AVE HATO REY, PR 00918	
Title: Name: Address: City-St-Zip:	T DE GARCIA, M 3C5 PANORAN BAYAMON, PR	1A ESTATES	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition DE GARCIA, MARIA J 3C5 PANORAMA ESTATES BAYAMON, PR	
Title: Name: Address:	V ( DANA, ROBER 101 ALMERIA	AVENUE	Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HILDA F GUZMAN VP 02/07/2006