2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P01655

1. Entity Name
NALIC LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
510 MUNOZ RIVERA AVENUE HATO REY, PR 00918	101 ALMERIA AVENUE CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

01052007 No Chg-P CR2E034 (11/05)

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

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 (32314-6200)
200 E. GAINES ST.
TALLAHASSEE, FL 32399

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

U00000605430
01/30/07-80036-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	BENITEZ, CARLOS M JR
STREET ADDRESS	CASA A-1 CALLE 1, SANTA MARIA CHALETS
CITY-ST-ZIP	RIO PIEDRAS, PR 00926
TITLE	P
NAME	BENITEZ, JR, CARLOS M
STREET ADDRESS	510 MUNOZ RIVERA AVE
CITY-ST-ZIP	HATO REY, PR 00918
TITLE	V
NAME	MARTINEZ, EDGARDO RUBEN
STREET ADDRESS	E-4 CAUCE STREET
CITY-ST-ZIP	RIO PIEDRAS, PR
TITLE	S
NAME	CRUZ, RAMON
STREET ADDRESS	510 MUNOZ RIVERA AVE
CITY-ST-ZIP	HATO REY, PR 00918
TITLE	T
NAME	DE GARCIA, MARIA J
STREET ADDRESS	3C5 PANORAMA ESTATES
CITY-ST-ZIP	BAYAMON, PR
TITLE	V
NAME	DANA, ROBERTO
STREET ADDRESS	101 ALMERIA AVENUE
CITY-ST-ZIP	CORAL GABLES, FL 33134

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Date Daytime Phone #