2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008
Secretary of State

DOCUMENT# P01655

Entity Name: NALIC LIFE INSURANCE COMPANY

Current Principal Place of Business:

510 MUNOZ RIVERA AVENUE
HATO REY, PR 00918

New Principal Place of Business:

Current Mailing Address:

101 ALMERIA AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 52-1565869 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	C	( ) Delete
Name:	BENITEZ, CARLOS M JR	
Address:	CASA A-1 CALLE 1, SANTA MARIA CHALETS	
City-St-Zip:	RIO PIEDRAS, PR 00926	
Title:	P	( ) Delete
Name:	BENITEZ, JR, CARLOS M	
Address:	510 MUNOZ RIVERA AVE	
City-St-Zip:	HATO REY, PR 00918	
Title:	V	( ) Delete
Name:	MARTINEZ, EDGARDO RU, BEN	
Address:	E-4 CAUCE STREET	
City-St-Zip:	RIO PIEDRAS, PR	
Title:	S	( ) Delete
Name:	CRUZ, RAMON	
Address:	510 MUNOZ RIVERA AVE	
City-St-Zip:	HATO REY, PR 00918	
Title:	T	( ) Delete
Name:	DE GARCIA, MARIA J	
Address:	3C5 PANORAMA ESTATES	
City-St-Zip:	BAYAMON, PR	
Title:	V	( ) Delete
Name:	DANA, ROBERTO	
Address:	101 ALMERIA AVENUE	
City-St-Zip:	CORAL GABLES, FL 33134	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: ROBERTO DANA VP 01/30/2008

Electronic Signature of Signing Officer or Director — Date