


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90035 033 \*\*\*150.00

<b>DOCUMENT # P04000089137</b>		
1. Entity Name <b>NATIONAL GROUP INSURANCE COMPANY</b>		

Principal Place of Business <b>101 ALMERIA AVENUE CORAL GABLES, FL 33134</b>	Mailing Address <b>101 ALMERIA AVENUE CORAL GABLES, FL 33134</b>
---	---

**40010513**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01282005 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-1251228</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired. <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
--	---------------------------------------

6. Name and Address of Current Registered Agent	
<b>MANG, DOUGLAS A 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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
-----------	--	------

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	<b>BENITEZ, CARLOS M</b>
STREET ADDRESS	<b>CHALET SANTA MARIA A-1 CALLE 1</b>
CITY-ST-ZIP	<b>SAN JUAN, PR 00927</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>CABEZA DE GARCIA, MARIA J</b>
STREET ADDRESS	<b>PANORAMA ESTATE C-5 CALLE 3</b>
CITY-ST-ZIP	<b>BAYAMON, PR 00957</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>GUZMAN, HILDA F</b>
STREET ADDRESS	<b>308 VALARDE AVENUE</b>
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>DANA, ROBERTO</b>
STREET ADDRESS	<b>242 CADIMA AVENUE</b>
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>DELGADO, LINA M</b>
STREET ADDRESS	<b>11811 S W 92ND LANE</b>
CITY-ST-ZIP	<b>MIAMI, FL 33186</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

<b>SIGNATURE:</b> <i>Lina M. Delgado</i> <b>Lina M. Delgado</b>	<b>January 28, 2005</b>	<b>(305) 445-3181</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #