2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006
Secretary of State

DOCUMENT# P04000089137

Entity Name: NATIONAL GROUP INSURANCE COMPANY

Current Principal Place of Business:

101 ALMERIA AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

238 PALERMO AVE
CORAL GABLES, FL 33134

Current Mailing Address:

101 ALMERIA AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

238 PALERMO AVE
CORAL GABLES, FL 33134

FEI Number: 20-1251228 **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: D ( ) Delete
Name: BENITEZ, CARLOS M
Address: CHALET SANTA MARIA A-1 CALLE 1
City-St-Zip: SAN JUAN, PR 00927

Title: D ( ) Delete
Name: CABEZA DE GARCIA, MARIA J
Address: PANORAMA ESTATE C-5 CALLE 3
City-St-Zip: BAYAMON, PR 00957

Title: D ( ) Delete
Name: GUZMAN, HILDA F
Address: 308 VALARDE AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: DANA, ROBERTO
Address: 242 CADIMA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: DELGADO, LINA M
Address: 11811 S W 92ND LANE
City-St-Zip: MIAMI, FL 33186

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:

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: LINA M DELGADO D 03/15/2006

Electronic Signature of Signing Officer or Director — Date