


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 OCT 18 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P04000089137					
1. Entity Name NATIONAL GROUP INSURANCE COMPANY					
Principal Place of Business 238 PALMERO AVE. CORAL GABLES, FL 33134			Mailing Address 238 PALMERO AVE. CORAL GABLES, FL 33134		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1251228 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENITEZ, CARLOS M		NAME	BENITEZ, CARLOS M	
STREET ADDRESS	CHALET SANTA MARIA A-1 CALLE 1		STREET ADDRESS	510 MUNOZ RIVERA AVE	
CITY-ST-ZIP	SAN JUAN, PR 00927		CITY-ST-ZIP	HATO REY PR 00918	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABEZA DE GARCIA, MARIA J		NAME	GARCIA, MARIA JULIA	
STREET ADDRESS	PANORAMA ESTATE C-5 CALLE 3		STREET ADDRESS	510 MUNOZ RIVERA AVE	
CITY-ST-ZIP	BAYAMON, PR 00957		CITY-ST-ZIP	HATO REY PR 00918	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUZMAN, HILDA F		NAME	CRUZ, RAMON	
STREET ADDRESS	308 VALARDE AVENUE		STREET ADDRESS	510 MUNOZ RIVERA AVE	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	HATO REY PR 00918	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANA, ROBERTO		NAME	VAN RHYN, EDGARDO	
STREET ADDRESS	242 CADIMA AVENUE		STREET ADDRESS	510 MUNOZ RIVERA AVE	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	HATO REY PR 00918	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, LINA M		NAME	DELGADO, LINA M	
STREET ADDRESS	11811 S W 92ND LANE		STREET ADDRESS	238 PALERMO AVE	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	BENITEZ, JORGE E.	
STREET ADDRESS			STREET ADDRESS	238 PALERMO AVE	
CITY-ST-ZIP			CITY-ST-ZIP	CORAL GABLES FL 33134	
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: <i>[Signature]</i>			9-28-06 305-446-0660 Date Daytime Phone #		

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