2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008
Secretary of State

DOCUMENT# P04000089137

Entity Name: NATIONAL GROUP INSURANCE COMPANY

Current Principal Place of Business:

238 PALERMO AVE.
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

238 PALERMO AVE.
CORAL GABLES, FL 33134

New Mailing Address:

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: CPD ( ) Delete
Name: BENITEZ, CARLOS M
Address: 510 MUNOZ RIVERA AVENUE
City-St-Zip: HATO REY, PR 00918

Title: TD ( ) Delete
Name: GARCIA, MARIA JULIA
Address: 510 MUNOZ RIVERA AVENUE
City-St-Zip: HATO REY, PR 00918

Title: D ( ) Delete
Name: CRUZ, RAMON
Address: 510 MUNOZ RIVERA AVENUE
City-St-Zip: HATO REY, FL 00918

Title: D ( ) Delete
Name: VAN RHYN, EDGARDO
Address: 510 MUNOZ RIVERA AVENUE
City-St-Zip: HATO REY, PR 00918

Title: SD ( ) Delete
Name: DELGADO, LINA M
Address: 238 PALERMO AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: BENITEZ, JORGE E
Address: 238 PALERMO AVE
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: LINA M DELGADO SD 03/27/2008

Electronic Signature of Signing Officer or Director — Date