

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morhart
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 APR 11 PM 9:39

DOCUMENT # 405195 (9)

1. Corporation Name
 MERCHANTS INSURANCE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: 1102 N 28TH STREET, P O BOX 78049, TAMPA FL 33675
 Mailing Address: 1102 N 28TH STREET, P O BOX 78049, TAMPA FL 33675

3. Date Incorporated or Qualified: 07/19/1972
 3a. Date of Last Report: 04/25/1994

2. Principal Place of Business: 21
 2a. Mailing Address: 26

4. FEI Number: 59-1409858
 Applied For: Not Applicable

Suite, Apt. #, etc.: 22

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 27

6. Election Campaign Financing: Trust Fund Contribution \$5.00 May Be Added to Fees

Zip: 24 Country: 25

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
 BRITTON, HARRY Y.
 5142 LONDONDERRY LANE
 (SADDLEBROOK)
 WESLEY CHAPEL FL 33543

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	STANALAND, ARNOLD
STREET ADDRESS	802 7TH ST
CITY - ST - ZIP	BRADENTON, FL 00000
TITLE	P
NAME	KOLVENBACH, DONALD M.
STREET ADDRESS	2768 BUCKHORN OAKS
CITY - ST - ZIP	SEFFNER FL
TITLE	CD
NAME	HITCHCOCK, ROBERT JR
STREET ADDRESS	507 SW 1ST AVENUE
CITY - ST - ZIP	ALACHUA, FL 00000
TITLE	SD
NAME	ALGE, JACK A.
STREET ADDRESS	1229 COVE PLACE
CITY - ST - ZIP	TAVARES FL
TITLE	TD
NAME	SAPP, JAMES
STREET ADDRESS	1910 VIRGINIA AVE #803
CITY - ST - ZIP	FT MYERS, FL 00000
TITLE	D
NAME	MCCALLISTER, JAMES
STREET ADDRESS	100 LAKE AVE
CITY - ST - ZIP	BABJON PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TD PHELAN, JAMES J.
5.3 STREET ADDRESS	1425 EDGEWATER BCH. DR.
5.4 CITY - ST - ZIP	LAKE LANA, FL. 32805
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald M. Kolvenbach President Date: 4/5/95 813/248-6102
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DONALD M. KOLVENBACH