
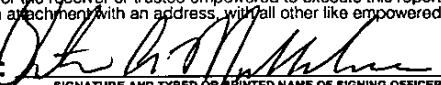


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90033 040 ***150.00

DOCUMENT # 838701 1. Entity Name AMERICAN MERCURY INSURANCE COMPANY						
Principal Place of Business 2000 CLASSEN CENTER P O BOX 268847 OKLAHOMA CITY, OK 73126-8847 US			Mailing Address P.O BOX 268847 OKLAHOMA CITY, OK 73126-8847 US			
2. Principal Place of Business 7301 Northwest Expressway		3. Mailing Address P.O. Box 728847				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State Oklahoma City, OK		City & State Oklahoma City, OK		4. FEI Number 73-0737056		
Zip 73132		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip 73132		Country USA		6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		
Suite, Apt. #, etc.		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>				
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 _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 NAME STREET ADDRESS CITY - ST - ZIP	D COOPER, BLANTON JR. 49-155 RANCHO POINTE LAQUINTA, CA 92253		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOSEPH, GEORGE 3655 HUDSON AVE LOS ANGELES, CA		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD CURTIUS, MICHAEL D 4234 SKYLINE CARLSBAD, CA		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS MULLENDORE, PATRICIA 7009 BRIARCREEK DRIVE OKLAHOMA CITY, OK		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TIRADOR, GABRIEL 11945 LAMBERT ST. TUSTIN, CA 92782		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STALICK, THEODORE 2427 HOLLISTON AVE. ALTADENA, CA 91001		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, will call other like empowered.						
SIGNATURE: 			Patricia A. Mullendore Vice-President/Secretary		405-621-6585 Daytime Phone #	