


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90024 012 ***150.00

DOCUMENT # 838701 1. Entity Name AMERICAN MERCURY INSURANCE COMPANY	
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Principal Place of Business 7301 NORTHWEST EXPRESSWAY OKLAHOMA CITY, OK 73132 US	Mailing Address P.O. BOX 728847 OKLAHOMA CITY, OK 73172-8847 US
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 73-0737056	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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	DO NOT WRITE IN THIS SPACE
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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.

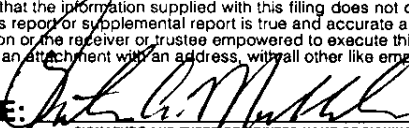
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, BLANTON JR. 49-155 RANCHO POINTE LAQUINTA, CA 92253
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, GEORGE 3655 HUDSON AVE LOS ANGELES, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD CURTIUS, MICHAEL D 4234 SKYLINE CARLSBAD, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MULLENDORE, PATRICIA 7009 BRIARCREEK DRIVE OKLAHOMA CITY, OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TIRADOR, GABRIEL 11945 LAMBERT ST. TUSTIN, CA 92782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STALICK, THEODORE 2427 HOLLISTON AVE. ALTADENA, CA 91001

**DO NOT WRITE
IN THIS SPACE**

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:  **Patricia A. Mullendore**
Vice-President/Secretary **1/22/07** **405-621-6585**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #