2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# 838701

Entity Name: AMERICAN MERCURY INSURANCE COMPANY

Current Principal Place of Business:

7301 NORTHWEST EXPRESSWAY
OKLAHOMA CITY, OK 73132 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 728847
OKLAHOMA CITY, OK 731728847 US

New Mailing Address:

FEI Number: 73-0737056 **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 323990000 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:	D	( ) Delete
Name:	COOPER, BLANTON JR.	
Address:	49-155 RANCHO POINTE	
City-St-Zip:	LAQUINTA, CA 92253	
Title:	D	( ) Delete
Name:	JOSEPH, GEORGE	
Address:	3655 HUDSON AVE	
City-St-Zip:	LOS ANGLES, CA	
Title:	VCD	( ) Delete
Name:	CURTIUS, MICHAEL D	
Address:	4234 SKYLINE	
City-St-Zip:	CARLSBAD, CA	
Title:	VP/S	( ) Delete
Name:	MCDONALD, KYNDEL J	
Address:	7301 NW EXPRESSWAY	
City-St-Zip:	OKLAHOMA CITY, OK 73132	
Title:	P	( ) Delete
Name:	TIRADOR, GABRIEL	
Address:	11945 LAMBERT ST.	
City-St-Zip:	TUSTIN, CA 92782	
Title:	T	( ) Delete
Name:	STALICK, THEODORE	
Address:	2427 HOLLISTON AVE.	
City-St-Zip:	ALTADENA, CA 91001	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	JOSEPH, GEORGE	
Address:	3655 HUDSON AVE	
City-St-Zip:	LOS ANGLES, CA 73132	
Title:	VCD	(X) Change ( ) Addition
Name:	CURTIUS, MICHAEL D	
Address:	4234 SKYLINE	
City-St-Zip:	CARLSBAD, CA 73132	
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: KYNDEL MCDONALD VP/S 04/21/2009
Electronic Signature of Signing Officer or Director — Date