

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F98000000911

1. Corporation Name

AMERICAN MERCHANTS LIFE INSURANCE COMPANY

Principal Place of Business

301 WEST BAY STREET  
SUITE 2810, 28TH FLOOR  
JACKSONVILLE FL 32202

Mailing Address

301 WEST BAY STREET  
SUITE 2810, 28TH FLOOR  
JACKSONVILLE FL 32202



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1998

4. FEI Number

41-1372113

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☐

Yes

☐

No

2. Principal Place of Business

21 1 Independent Drive

Suite, Apt. #, etc.

22 Suite 2201

City & State

23 Jacksonville, FL

Zip

24 32202-5015

Country

25 USA

2a. Mailing Address

26 1 Independent Drive

Suite, Apt. #, etc.

27 Suite 2201

City & State

28 Jacksonville, FL

Zip

29 32202-5015

Country

30 USA

9. Name and Address of Current Registered Agent

THE FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL BLDG.  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE COB ☒ DELETE

NAME HAWES, RODNEY A. JR.

STREET ADDRESS 969 HIGH RIDGE ROAD

CITY-ST-ZIP STAMFORD CT 06905

TITLE VC ☒ DELETE

NAME SCHAIR, DOUGLAS M.

STREET ADDRESS 969 HIGH RIDGE ROAD

CITY-ST-ZIP STAMFORD CT 06905

TITLE D ☐ DELETE

NAME DUBOIS, JACQUES E.

STREET ADDRESS 969 HIGH RIDGE ROAD

CITY-ST-ZIP STAMFORD CT 06905

TITLE PD ☐ DELETE

NAME DRUCE, J. DIX JR.

STREET ADDRESS 969 HIGH RIDGE ROAD

CITY-ST-ZIP STAMFORD CT 06905

TITLE V ☐ DELETE

NAME WILSON, W. WELDON

STREET ADDRESS 969 HIGH RIDGE ROAD

CITY-ST-ZIP STAMFORD CT 06905

TITLE V ☐ DELETE

NAME BEISENHERZ, ROBERT L.

STREET ADDRESS 969 HIGH RIDGE ROAD

CITY-ST-ZIP STAMFORD CT 06905

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME STROUP, CHRIS C

1.3 STREET ADDRESS 969 HIGH RIDGE ROAD

1.4 CITY-ST-ZIP STAMFORD, CT 06905

2.1 TITLE D,V,CFO ☐ Change ☒ Addition

2.2 NAME HEAD, ALAN D

2.3 STREET ADDRESS 969 HIGH RIDGE ROAD

2.4 CITY-ST-ZIP STAMFORD, CT 06905

3.1 TITLE D, CEO, D ☒ Change ☐ Addition

3.2 NAME DUBOIS, JACQUES E.

3.3 STREET ADDRESS 969 HIGH RIDGE ROAD

3.4 CITY-ST-ZIP STAMFORD, CT 06905

4.1 TITLE V ☐ Change ☒ Addition

4.2 NAME DUBOSE, III, JOHN W

4.3 STREET ADDRESS 969 HIGH RIDGE ROAD

4.4 CITY-ST-ZIP STAMFORD, CT 06905

5.1 TITLE V, GC, S ☒ Change ☐ Addition

5.2 NAME WILSON, W. WELDON

5.3 STREET ADDRESS 969 HIGH RIDGE ROAD

5.4 CITY-ST-ZIP STAMFORD, CT 06905

6.1 TITLE D, V ☒ Change ☐ Addition

6.2 NAME BEISENHERZ, ROBERT L.

6.3 STREET ADDRESS 969 HIGH RIDGE ROAD

6.4 CITY-ST-ZIP STAMFORD, CT 06905

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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:

*[Signature]*

8-17-99

203/321-3122

CR2E034 (5/99)