

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Aug 13 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P11582 (4)

1. Corporation Name
 MERRILL LYNCH LIFE INSURANCE COMPANY



Principal Place of Business: 800 SCUDDERS MILL RD, PLAINSBORO NJ 08536
 Mailing Address: 800 SCUDDERS MILL RD, PLAINSBORO NJ 08536

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1986

4. FEI Number: 91-1325756
 Applied For
 Not Applicable

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

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

7. Trust Fund Contribution:

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent
 THE FLORIDA INSURANCE COMMISSIONER
 THE CAPITOL BUILDING
 TALLAHASSEE FL 32399

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

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | DUNFORD, DAVID, M | |
| STREET ADDRESS | 800 SCUDDERS MILL RD | |
| CITY-ST-ZIP | PLAINSBORO NJ | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | ERVIN, FRANCIS X JR. | |
| STREET ADDRESS | 800 SCUDDERS MILL RD. | |
| CITY-ST-ZIP | PLAINSBORO NJ 08538 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | VESPA, ANTHONY J | |
| STREET ADDRESS | 800 SCUDDERS MILL RD | |
| CITY-ST-ZIP | PLAINSBORO NJ 08538 | |
| TITLE | DSV | <input type="checkbox"/> DELETE |
| NAME | SKOLNICK, BARRY | |
| STREET ADDRESS | 800 SCUDDERS MILL RD | |
| CITY-ST-ZIP | PLAINSBORO NJ | |
| TITLE | DVT | <input type="checkbox"/> DELETE |
| NAME | CROWNE, JOSEPH E., JR. | |
| STREET ADDRESS | 800 SCUDDERS MILL RD | |
| CITY-ST-ZIP | PLAINSBORO NJ | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | STEVENS, DONALD C | |
| STREET ADDRESS | 800 SCUDDERS MILL RD | |
| CITY-ST-ZIP | PLAINSBORO NJ | |

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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 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 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: _____ 7/31/98 (1000) 282-1406

CR2E034 (5/98)