FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 10:58

DOCUMENT # P31892 (3)

1. Corporation Name
MERRILL LYNCH INSURANCE GROUP SERVICES, INC.

Principal Place of Business	Mailing Address
4804 DEER LAKE DR E 4TH FL JACKSONVILLE FL 32246 US	P O BOX 44222 #400 JACKSONVILLE FL 32231-4222 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/26/1990
3a. Date of Last Report: 05/31/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-3032659 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	1.1 TITLE		☐ Change ☐ Addition
NAME	BORKOWSKI, CHARLES JR	1.2 NAME		
STREET ADDRESS	4804 DEER LAKE DR E	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP		
TITLE	VTD	2.1 TITLE		☐ Change ☐ Addition
NAME	BARTOY, TRACY	2.2 NAME		
STREET ADDRESS	4804 DEER LAKE DR E	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	VSD	3.1 TITLE		☐ Change ☐ Addition
NAME	DYSON, EILEEN	3.2 NAME		
STREET ADDRESS	4804 DEER LAKE DR E	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	V	XX Change ☐ Addition
NAME	MENNINGER, KATHIE	4.2 NAME	ROBERT BOUCHER	
STREET ADDRESS	4804 DEER LAKE DR E	4.3 STREET ADDRESS	1414 MAIN ST	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	SPRINGFIELD MA 01144	
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	THATCHER, THOMAS	5.2 NAME		
STREET ADDRESS	4804 DEER LAKE DR E	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		
TITLE	AV	6.1 TITLE	V	XX Change ☐ Addition
NAME	FORBES, PATRICIA	6.2 NAME	RANDALL GINZIG	
STREET ADDRESS	4655 SALISBURY RD., #400	6.3 STREET ADDRESS	4804 DEER LAKE DR E	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	JACKSONVILLE FL 32246	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Tracy A. Bartoy TRACY A. BARTOY 1/11/95 904/928-7105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023966 CP