

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P31892

FILED
Oct 22, 2004
Secretary of State

Entity Name: MERRILL LYNCH INSURANCE GROUP SERVICES, INC.

Current Principal Place of Business:

4804 DEER LAKE DR E
4TH FL
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 44222
#400
JACKSONVILLE, FL 322314222 US

New Mailing Address:

FEI Number: 59-3032659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FERRERO, AMY
Address: 4804 DEER LAKE DR E
City-St-Zip: JACKSONVILLE, FL

Title: VPC () Delete
Name: WOODS, KELLEY J
Address: 4804 DEER LAKE DR E
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP () Delete
Name: VARGHESE, ALEX
Address: 4804 DEER LAKE DR E
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: KELLEY J WOODS

VPC

10/22/2004

Electronic Signature of Signing Officer or Director

Date