2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 25, 2006
Secretary of State

DOCUMENT# P31892

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:

4802 DEER LAKE DR E
2ND FL
JACKSONVILLE, FL 32246 US

Current Mailing Address:

P O BOX 44222
#400
JACKSONVILLE, FL 322314222 US

New Mailing Address:

P O BOX 44222
2ND FLOOR
JACKSONVILLE, FL 322314222 US

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: DEBORAH J BANKS
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: D (X) Change ( ) Addition
Name: HOCKERSMITH, SHARON
Address: 4802 DEER LAKE DR E
City-St-Zip: JACKSONVILLE, FL

Title: VPC (X) Change ( ) Addition
Name: WOODS, KELLEY J
Address: 4802 DEER LAKE DR E
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP (X) Change ( ) Addition
Name: SLAYTON, KAREN
Address: 4802 DEER LAKE DR E
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the 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: KELLEY J WOODS VP 10/25/2006
Electronic Signature of Signing Officer or Director Date