

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000030332 (9)

1. Corporation Name

AMERICAN MERCHANTS LIFE INSURANCE COMPANY



Principal Place of Business

Mailing Address

301 W. BAY STREET  
STE 2315, 20TH FLOOR  
JACKSONVILLE FL 32202  
US

PO BOX 899  
JACKSONVILLE FL 32201  
US

3. Date Incorporated or Qualified  
04/26/1993

3a. Date of Last Report  
01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 Suite 2810, 28th Floor  
23 City & State  
24 Zip Country

26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country

4. FEI Number

41-1372113

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32399-0300

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PCD	DRUCE, JD JR	301 W BAY STR STE 2315	JACKSONVILLE FL	<input type="checkbox"/> DELETE			
VTD	WOTHE, GARY R	301 W BAY STR STE 2315	JACKSONVILLE FL	<input type="checkbox"/> DELETE			
VSD	COOKSEY, C L	301 W BAY STR STE 2315	JACKSONVILLE FL	<input type="checkbox"/> DELETE			
D	BERKLEY, WILLIAM R	165 MASON STR	GREENWICH CT	<input checked="" type="checkbox"/> DELETE			
D	VOLLARO, JOHN D	100 CAMPUS DR	FOLRHAM PK NJ	<input checked="" type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	Wendy B. Druce	403 Ponte Vedra Boulevard	Ponte Vedra Beach, Florida 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
D	Dixie E. Cooksey	3345 Sequoia Road	Orange Park, Florida 32065	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 22, 1996

(904) 358-8700

Date

Daytime Phone #

CR2E034 (12/95)