

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 02 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 827998 (6)**

1. Corporation Name  
**MERIT LIFE INSURANCE CO.**



Principal Place of Business <b>601 N.W. SECOND ST                  EVANSVILLE IN 47708</b>	Mailing Address <b>601 N.W. SECOND ST                  EVANSVILLE IN 47708-1013</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/22/1972</b>	3a. Date of Last Report <b>03/05/1996</b>
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number <b>35-1005090</b>	Applied For <input type="checkbox"/> Not Applicable
25	26	27	28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	<b>FL</b>	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)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDCE	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GEISSINGER, FREDERICK W			1.2 NAME			
STREET ADDRESS	601 NW 2ND STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	EVANSVILLE IN			1.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LEDBETTER, JEFFREY L.			2.2 NAME			
STREET ADDRESS	601 N.W. SECOND ST.			2.3 STREET ADDRESS			
CITY-ST-ZIP	EVANSVILLE IN			2.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HARDISON, ROY L			3.2 NAME			
STREET ADDRESS	601 NW 2ND ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	EVANSVILLE IN			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KLAHOLZ, LARRY R.			4.2 NAME			
STREET ADDRESS	601 N.W. SECOND ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	EVANSVILLE IN			4.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	JERWERS, JAMES R			5.2 NAME			
STREET ADDRESS	5250 S. VIRGINIA ST., SUITE 320			5.3 STREET ADDRESS			
CITY-ST-ZIP	RENO NY			5.4 CITY-ST-ZIP			
TITLE	SV	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SMITH, GARY M..			6.2 NAME			
STREET ADDRESS	601 N.W. SECOND ST.			6.3 STREET ADDRESS			
CITY-ST-ZIP	EVANSVILLE IN			6.4 CITY-ST-ZIP			

14. I do 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 \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (9/96)