

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 827998**

1. Entity Name

**MERIT LIFE INSURANCE CO.**

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90067 033 \*\*\*150.00

Principal Place of Business

Mailing Address

601 N.W. SECOND ST  
 EVANSVILLE IN 47708

601 N.W. SECOND ST  
 EVANSVILLE IN 47708-1013

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **35-1005090**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDCE	<input type="checkbox"/> Delete
NAME	GEISSINGER, FREDERICK W	
STREET ADDRESS	601 NW 2ND STREET	
CITY-ST-ZIP	EVANSVILLE IN	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	LEDBETTER, JEFFREY L.	
STREET ADDRESS	601 N.W. SECOND ST.	
CITY-ST-ZIP	EVANSVILLE IN	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	HARDISON, ROY L	
STREET ADDRESS	601 NW 2ND ST	
CITY-ST-ZIP	EVASVILLE IN	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KLAHOLZ, LARRY R.	
STREET ADDRESS	601 N.W. SECOND ST.	
CITY-ST-ZIP	EVANSVILLE IN	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HENDRIX, BENNIE D	
STREET ADDRESS	601 NW 2ND ST	
CITY-ST-ZIP	EVANSVILLE IN 47708	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DEIG, MARY R	
STREET ADDRESS	601 NW 2ND ST	
CITY-ST-ZIP	EVANSVILLE IN 47708	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W. Tal Bratton	
STREET ADDRESS	601 NW 2nd St.	
CITY-ST-ZIP	Evansville, IN 47708	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bryan A. Binyon	
STREET ADDRESS	601 NW 2nd St.	
CITY-ST-ZIP	Evansville, IN 47708	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen L. Blake	
STREET ADDRESS	601 NW 2nd St.	
CITY-ST-ZIP	Evansville, IN 47708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ron DiGiacomo	
STREET ADDRESS	601 NW 2nd St.	
CITY-ST-ZIP	Evansville, IN 47708	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** RON DIGIACOMO **3.6.00** **812-468-5661**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2004 (9/99)