2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
05-19-2002 90198 005 ***150.00

DOCUMENT # 827998

1. Entity Name
MERIT LIFE INSURANCE CO.

Principal Place of Business
601 N.W. SECOND ST
EVANSVILLE IN 47708

Mailing Address
601 N.W. SECOND ST
EVANSVILLE IN 47708

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 35-1005090 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PDCE	GEISSINGER, FREDERICK W	601 NW 2ND STREET	EVANSVILLE IN	☐
DVCT	BREIVOGEL, DONALD R JR	601 N.W. SECOND ST.	EVANSVILLE IN 47708	☐
DSV	COLE, ROBERT A	601 NW 2ND ST	EVANSVILLE IN 47708	☐
VD	BLAKE, STEPHEN L	601 N.W. SECOND ST.	EVANSVILLE IN 47708	☐
VD	HENDRIX, BENNIE D	601 NW 2ND ST	EVANSVILLE IN 47708	☐
SVGC	HAYES, TIMOTHY M	601 NW 2ND ST	EVANSVILLE IN 47708	☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				☐	☐
DSV	CFO			☒	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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: SIGNATURE REQUIRED Timothy M. Hayes 4/5/02 812-468-5059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)