


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90321 036 ***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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 35-1005090	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 4204 HAYS STREET TALLAHASSEE, FL 32304 CHIEF FINANCIAL OFFICER P.O. BOX 6200 (32314-6200)			Name SEE CORRECTION OF REGISTERED AGENT ONLY, Street Address (P.O. Box Number is Not Acceptable) NOT A NEW REGISTERED AGENT.		
200 E. Gaines St. Tallahassee, FL 32399			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDCE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GEISSINGER, FREDERICK W		NAME		
STREET ADDRESS	601 NW 2ND STREET		STREET ADDRESS		
CITY-ST-ZIP	EVANSVILLE, IN		CITY-ST-ZIP		
TITLE	DSVC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BREIVOGEL, DONALD R JR		NAME		
STREET ADDRESS	601 N.W. SECOND ST.		STREET ADDRESS		
CITY-ST-ZIP	EVANSVILLE, IN 47708		CITY-ST-ZIP		
TITLE	DSV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLE, ROBERT A		NAME		
STREET ADDRESS	601 NW 2ND ST		STREET ADDRESS		
CITY-ST-ZIP	EVANSVILLE, IN 47708		CITY-ST-ZIP		
TITLE	ATO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLYTHE, TIMOTHY W		NAME		
STREET ADDRESS	601 N.W. SECOND ST.		STREET ADDRESS		
CITY-ST-ZIP	EVANSVILLE, IN 47708		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENDRIX, BENNIE D		NAME		
STREET ADDRESS	601 NW 2ND ST		STREET ADDRESS		
CITY-ST-ZIP	EVANSVILLE, IN 47708		CITY-ST-ZIP		
TITLE	SVGC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAYES, TIMOTHY M		NAME		
STREET ADDRESS	601 NW 2ND ST		STREET ADDRESS		
CITY-ST-ZIP	EVANSVILLE, IN 47708		CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Timothy W. Blythe</i>		Timothy W. Blythe		4/23/04 812-468-5705	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
Associate Tax Officer					