


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90284 019 ***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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

4001000



04022007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 CHIEF FINANCIAL OFFICER
 200 E. GAINES ST.
 TALLAHASSEE, FL 32399**

4. FEI Number
35-1005090

Applied For
 Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCE GEISSINGER, FREDERICK W 601 NW 2ND STREET EVANSVILLE, IN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVC BREIVOGEL, DONALD R JR 601 N.W. SECOND ST. EVANSVILLE, IN 47708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV COLE, ROBERT A 601 NW 2ND ST EVANSVILLE, IN 47708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATO BLYTHE, TIMOTHY W 601 N.W. SECOND ST. EVANSVILLE, IN 47708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVCJ GILPIN, JERRY L 601 NORTHWEST SECOND STREET EVANSVILLE, IN 47708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSGC GRABER, THOMAS D 601 NORTHWEST SECOND STREET EVANSVILLE, IN 47708 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Timothy W. Blythe 4/18/07 812-424-8031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Associate Tax Officer