

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 827998

FILED
Apr 25, 2008
Secretary of State

Entity Name: MERIT LIFE INSURANCE CO.

Current Principal Place of Business:

601 N.W. SECOND ST
EVANSVILLE, IN 47708

New Principal Place of Business:

Current Mailing Address:

601 N.W. SECOND ST
EVANSVILLE, IN 47708

New Mailing Address:

FEI Number: 35-1005090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDCE () Delete
Name: GEISSINGER, FREDERICK W
Address: 601 NW 2ND STREET
City-St-Zip: EVANSVILLE, IN

Title: DSVC () Delete
Name: BREIVOGEL, DONALD R JR
Address: 601 N.W. SECOND ST.
City-St-Zip: EVANSVILLE, IN 47708

Title: DSV () Delete
Name: COLE, ROBERT A
Address: 601 NW 2ND ST
City-St-Zip: EVANSVILLE, IN 47708

Title: ATO () Delete
Name: BLYTHE, TIMOTHY W
Address: 601 N.W. SECOND ST.
City-St-Zip: EVANSVILLE, IN 47708

Title: EVCI () Delete
Name: GILPIN, JERRY L
Address: 601 NORTHWEST SECOND STREET
City-St-Zip: EVANSVILLE, IN 47708

Title: VSGC () Delete
Name: GRABER, THOMAS D
Address: 601 NORTHWEST SECOND STREET
City-St-Zip: EVANSVILLE, IN 47708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY W. BLYTHE

ATO

04/25/2008

Electronic Signature of Signing Officer or Director

Date