

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 827998

FILED  
Apr 19, 2011  
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:**

601 N.W. SECOND ST  
TAX DEPT.  
EVANSVILLE, IN 47708

**Current Mailing Address:**

601 N.W. SECOND ST  
EVANSVILLE, IN 47708

**New Mailing Address:**

601 N.W. SECOND ST  
TAX DEPT.  
EVANSVILLE, IN 47708

FEI Number: 35-1005090

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P.O. BOX 6200 32314-6200  
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

**OFFICERS AND DIRECTORS:**

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

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

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

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

Title: CI  
Name: CIUFFETELLI, VINCENT  
Address: 601 NORTHWEST SECOND STREET  
City-St-Zip: EVANSVILLE, IN 47708

Title: VPS  
Name: ERKILLA, JACK R  
Address: 601 N.W. SECOND ST.  
City-St-Zip: EVANSVILLE, IN 47708

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY W. BLYTHE

ATO

04/19/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date