

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/25/2003-90218-014-\$150.00-\$150.00


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY 21 PH 3:15

0898145 AB

**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  
Suite, Apt. #, etc.

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

CHECK HERE IF MAKING CHANGES

City & State

City & State

Zip Country

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  
**Corporation Service Company**

Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays St.**

City **Tallahassee** FL Zip Code **32301**

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Laura R. Dunlap* **Laura R. Dunlap** as its agent DATE **5/21/03**

Signature, typed or printed name of registered agent (as applicable) (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDCE GEISSINGER, FREDERICK W 601 NW 2ND STREET EVANSVILLE IN</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSVC BREIVOGEL, DONALD R JR 601 N.W. SECOND ST. EVANSVILLE IN 47708</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSV COLE, ROBERT A 601 NW 2ND ST EVANSVILLE IN 47708</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BLAKE, STEPHEN L 601 N.W. SECOND ST. EVANSVILLE IN 47708</b>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD HENDRIX, BENNIE D 601 NW 2ND ST EVANSVILLE IN 47708</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVGC HAYES, TIMOTHY M 601 NW 2ND ST EVANSVILLE IN 47708</b>	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Associate Tax Officer Blythe, Timothy W. 601 N.W. Second St. Evansville, IN 47708</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: *Timothy W. Blythe* **TIMOTHY W. BLYTHE** DATE **4/21/03** DAYTIME PHONE # **812-468-5705**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

5/21/03