

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 827998

Entity Name: MERIT LIFE INSURANCE CO.

Current Principal Place of Business:

1900 SOUTH BLVD
CHARLOTTE, NC 28203

Current Mailing Address:

600 BRICKELL AVENUE
19TH FLOOR
MIAMI, FL 33131 US

FEI Number: 35-1005090

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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: MICHELE HENRY

02/13/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CEO, DIRECTOR
Name ANDERSON, DAVID
Address 1900 SOUTH BLVD
 SUITE 300
City-State-Zip: CHARLOTTE NC 28203

Title CORPORATE SECRETARY,
Name LEVY, GAYLE
Address 600 BRICKELL AVE
 19TH FLOOR
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name KUPERSTOCK, NATHAN DAVID
Address 1900 SOUTH BLVD
 SUITE 300
City-State-Zip: CHARLOTTE NC 28203

Title DIRECTOR
Name PASKO, STEVEN
Address 600 BRICKELL AVE
 19TH FLOOR
City-State-Zip: MIAMI FL 33131

Title OFFICER
Name GORDON, HEATHER
Address 1900 SOUTH BLVD
 SUITE 300
City-State-Zip: CHARLOTTE NC 28203

Title OFFICER
Name WOLL, MARTIN
Address 1900 SOUTH BLVD
 SUITE 300
City-State-Zip: CHARLOTTE NC 28203

Title DIRECTOR
Name HITSELBERGER, WILLIAM
Address 1900 SOUTH BLVD
City-State-Zip: CHARLOTTE NC 28203

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: MARTIN WOLL

COO

02/13/2024

Electronic Signature of Signing Officer/Director Detail

Date