

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 827998

**FILED**  
**Jan 11, 2018**  
**Secretary of State**  
**CC9568315385**

**Entity Name:** MERIT LIFE INSURANCE CO.

**Current Principal Place of Business:**

601 N.W. SECOND ST  
CORPORATE LICENSING  
EVANSVILLE, IN 47708

**Current Mailing Address:**

3001 MEACHAM BLVD.  
LEGAL DEPARTMENT SUITE 100  
FORT WORTH, TX 76137 US

**FEI Number:** 35-1005090

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CFO  
Name NEAL, RONALD D  
Address 3001 MEACHAM BLVD.  
SUITE 100  
City-State-Zip: FORT WORTH TX 76137

Title DIRECTOR, PRESIDENT  
Name CARSON, DAVA S  
Address 3001 MEACHAM BLVD.  
SUITE 100  
City-State-Zip: FORT WORTH TX 76137

Title SVP  
Name LEHMAN, GREGG H  
Address 3001 MEACHAM BLVD.  
SUITE 100  
City-State-Zip: FORT WORTH TX 76137

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

Title ASST. SECRETARY  
Name ANDERSON, MICHELLE K  
Address 3001 MEACHAM BLVD  
SUITE 100  
City-State-Zip: FORT WORTH TX 76137

Title DIRECTOR  
Name KOPPEN, MICHAEL F  
Address 3001 MEACHAM BLVD  
SUITE 100  
City-State-Zip: FORT WORTH TX 76137

Title DIRECTOR  
Name LEHMAN, GREGG H  
Address 3001 MEACHAM BLVD.  
SUITE 100  
City-State-Zip: FORT WORTH TX 76137

Title DIRECTOR  
Name ROACH, GEORGE  
Address 601 N.W. SECOND ST  
City-State-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:** GREGG H. LEHMAN

SVP

01/11/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date