

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 827998

Entity Name: MERIT LIFE INSURANCE CO.

Current Principal Place of Business:

2 CORPORATE DRIVE
SUITE 760
SHELTON, CT 06484

FILED
May 07, 2020
Secretary of State
0746399104CC

Current Mailing Address:

2 CORPORATE DRIVE
SUITE 760
SHELTON, CT 06484 US

FEI Number: 35-1005090

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 EAST GAINES STREET
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 PRESIDENT, CEO, DIRECTOR
Name O'DONNELL, ROBERT
Address 2 CORPORATE DRIVE
 SUITE 760
City-State-Zip: SHELTON CT 06484

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

Title COO
Name KUPERSTOCK, NATHAN DAVID
Address 2 CORPORATE DRIVE
 SUITE 760
City-State-Zip: SHELTON CT 06484

Title TREASURER
Name ROSSI, JUDITH
Address 2 CORPORATE DRIVE
 SUITE 760
City-State-Zip: SHELTON CT 06484

Title DIRECTOR AND ACTUARY
Name ZASS, CORWIN
Address 2 CORPORATE DRIVE
 SUITE 760
City-State-Zip: SHELTON CT 06484

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

Title DIRECTOR
Name GRAY, DANIEL
Address 2 CORPORATE DRIVE
 SUITE 760
City-State-Zip: SHELTON CT 06484

Title DIRECTOR
Name WEATHERFORD, CATHERINE
Address 2 CORPORATE DRIVE
 SUITE 760
City-State-Zip: SHELTON CT 06484

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: GAYLE LEVY

SECRETARY

05/07/2020

Electronic Signature of Signing Officer/Director Detail

Date