

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 827998

Entity Name: MERIT LIFE INSURANCE CO.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 35-1005090

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. 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 CFO
Name KGIL, MINCHUNG M
Address 601 N.W. SECOND ST
City-State-Zip: EVANSVILLE IN 47708

Title D, SVP
Name BORCHERS, BRADFORD D
Address 601 N.W. SECOND ST
City-State-Zip: EVANSVILLE IN 47708

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

Title SVP
Name CIUFFETELLI, VINCENT
Address 601 N.W. SECOND ST
City-State-Zip: EVANSVILLE IN 47708

Title S, SVP
Name ERKILLA, JACK R
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: TIMOTHY W. BLYTHE

VICE PRESIDENT

04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date