FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

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May 29, 1999 8:00 am
Secretary of State

05-29-1999 90015 007 ***125.00
05-29-1999 90015 008 ****25.00

0553641

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 842344

1. Corporation Name
MERITPLAN INSURANCE COMPANY

Principal Place of Business	Mailing Address
18581 TELLER AVE. IRVINE CA 92612 US	P O BOX 19702 ATTN:TAX DEPT IRVINE CA 92623

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/10/1979

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 95-2121175 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRIDGES, D. M		1.2 NAME		
STREET ADDRESS	15 TELURA		1.3 STREET ADDRESS		
CITY-ST-ZIP	SANTA MARGARITA CA		1.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BUKOW, R.		2.2 NAME		
STREET ADDRESS	30342 VIA FESTIVO		2.3 STREET ADDRESS		
CITY-ST-ZIP	SAN JUAN CAP CA		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ATON, NEAL R		3.2 NAME		
STREET ADDRESS	18581 TELLER AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA 92612		3.4 CITY-ST-ZIP		
TITLE	AT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HITZEL, T. G.		4.2 NAME		
STREET ADDRESS	17 NORTH PORTOLA		4.3 STREET ADDRESS		
CITY-ST-ZIP	SO. LAG. BEACH CA		4.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MARKS, J.H.		5.2 NAME		
STREET ADDRESS	27501 VELADOR		5.3 STREET ADDRESS		
CITY-ST-ZIP	MISSION VIEJO CA		5.4 CITY-ST-ZIP		
TITLE	SV	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BENNINGTON, C. W.		6.2 NAME		
STREET ADDRESS	8 MOONLIGHT		6.3 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA		6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: V T. G. HITZEL 4.15.99 (714) 435-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)