# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 25, 2000 8:00 am**
**Secretary of State**
04-25-2000 90049 026 ***150.00

DOCUMENT # 842344

1. Entity Name

MERITPLAN INSURANCE COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| 18581 TELLER AVE.<br>IRVINE CA 92612<br>US | P O BOX 19702<br>ATTN:TAX DEPT<br>IRVINE CA 92623-9702 |

842344

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| INSURANCE COMMISSIONER<br>THE CAPITOL BLDG.<br>TALLAHASSEE FL | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS $150.00**
**After MAY 1, 2000 Fee will be $550.00**
**Make Check Payable to Department of State**

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

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>BRIDGES, D. M<br>15 TELURA<br>SANTA MARGARITA CA | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D/C<br>Carlos M, García<br>4500 Park Granada<br>Calabasas, CA 91302 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VT<br>BUKOW, R.<br>30342 VIA FESTIVO<br>SAN JUAN CAP CA | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V/T<br>KRISTINE F. McKAY<br>18581 Teller Ave<br>Irvine, CA 92612 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>ATON, NEAL R<br>18581 TELLER AVE<br>IRVINE CA 92612 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D/P | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AT<br>HITZEL, T. G.<br>17 NORTH PORTOLA<br>SO. LAG. BEACH CA | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V/S<br>Robert P. Barbarowicz<br>4500 Park Granada<br>Calabasas, CA 91302 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AS<br>MARKS, J.H.<br>27501 VELADOR<br>MISSION VIEJO CA | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>Laila B. Soares<br>18581 Teller Ave<br>Irvine, CA 92612 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SV<br>BENNINGTON, C. W.<br>8 MOONLIGHT<br>IRVINE CA | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D/V | ☒ Change ☐ Addition |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Laila B. Soares LAILA B. SOARES 4/20/00 949 553-5948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Asst. Secr. Date Daytime Phone #