

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90138 046 ***150.00

DOCUMENT # 842344

1. Entity Name
MERITPLAN INSURANCE COMPANY



Principal Place of Business
3349 Michelson Dr. Ste#200
IRVINE CA 92612-8893
US

Mailing Address
P O BOX 19702
ATTN:TAX DEPT
IRVINE CA 92623



2. Principal Place of Business
3349 Michelson Drive

3. Mailing Address
Same as above

Suite, Apt. #, etc.
Suite#200

Suite, Apt. #, etc.

City & State
Irvine, CA 92612--8893

City & State

Zip
92612-8893

Country
US

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

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

INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GISSINGER III, ANDREW**
STREET ADDRESS **3349 Michelson Dr. Ste. 200**
CITY-ST-ZIP **IRVINE CA 92612-8893**

TITLE **DC** ☐ Delete
NAME **GARCIA, CARLOS M**
STREET ADDRESS **4500 PARK GRANADA**
CITY-ST-ZIP **CALABASAS CA 91302**

TITLE **D** ☐ Delete
NAME **CISSELL, D. DAVID**
STREET ADDRESS **3349 Michelson Dr. Ste. 200**
CITY-ST-ZIP **IRVINE CA 92612-8893**

TITLE **D** ☐ Delete
NAME **GATES, MARSHALL M**
STREET ADDRESS **4500 PARK GRANADA**
CITY-ST-ZIP **CALABASAS CA 91302**

TITLE **VS** ☒ Delete
NAME **BARBAROWICZ, ROBERT P**
STREET ADDRESS **4500 PARK GRANADA**
CITY-ST-ZIP **CALABASAS CA 91302**

TITLE **D** ☐ Delete
NAME **LEWIS, RICHARD S**
STREET ADDRESS **4500 PARK GRANADA**
CITY-ST-ZIP **CALABASAS CA 91302**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **Bielanski, Stanley Andrew**
STREET ADDRESS **3349 Michelson Dr**
CITY-ST-ZIP **Irvine, CA 92612-8893**

TITLE **D** ☐ Change ☒ Addition
NAME **Phillips, Duane Steven**
STREET ADDRESS **3349 Michelson Dr**
CITY-ST-ZIP **Irvine, CA 92612-8893**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-02

Date

909-222-8366

Daytime Phone #

CR2E034 (10/02)