

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 842344

Entity Name: MERITPLAN INSURANCE COMPANY**Current Principal Place of Business:**3349 MICHELSON DR.
SUITE 200
IRVINE, CA 92612**Current Mailing Address:**150 N COLLEGE ST
NC1-028-17-06
CHARLOTTE, NC 28255 US**FEI Number:** 95-2121175**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
1200 SOUTH PINE ISLAND ROAD
PLANTATION,, FL 33324 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:** CHIEF FINANCIAL OFFICER

04/05/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name FITZGERALD, LORI
Address 150 N COLLEGE ST
 NC1-028-17-06
City-State-Zip: CHARLOTTE NC 28255

Title TREASURER, DIRECTOR
Name MALDONADO, FELIPE
Address 150 N COLLEGE ST
 NC1-028-17-06
City-State-Zip: CHARLOTTE NC 28255

Title SVP
Name PRITCHARD, JASON
Address 150 N COLLEGE ST
 NC1-028-17-06
City-State-Zip: CHARLOTTE NC 28255

Title SECRETARY
Name CHAMBERLAIN, ERIC
Address 150 N COLLEGE ST
 NC1-028-17-06
City-State-Zip: CHARLOTTE NC 28255

Title DIRECTOR
Name SHAPIRO, IDA
Address 150 N COLLEGE ST
 NC1-028-17-06
City-State-Zip: CHARLOTTE NC 28255

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: JASON PRITCHARD

SVP

04/05/2017

Electronic Signature of Signing Officer/Director Detail

Date