2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2014
Secretary of State
CC6476774238

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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	TREASURER, DIRECTOR
Name	MACDONALD, JANET A	Name	JOHNSON, MICHELLE M
Address	150 N COLLEGE ST NC1-028-17-06	Address	150 N COLLEGE ST NC1-028-17-06
City-State-Zip:	CHARLOTTE NC 28255	City-State-Zip:	CHARLOTTE NC 28255
Title	SVP	Title	SECRETARY
Name	PRITCHARD, JASON	Name	CHAMBERLAIN, ERIC
Address	150 N COLLEGE ST NC1-028-17-06	Address	150 N COLLEGE ST NC1-028-17-06
City-State-Zip:	CHARLOTTE NC 28255	City-State-Zip:	CHARLOTTE NC 28255
Title	DIRECTOR		
Name	SIFFORD, EVANGELINE		
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 04/22/2014

Electronic Signature of Signing Officer/Director Detail — Date