2016 FOREIGN PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 842344

Entity Name: MERITPLAN INSURANCE COMPANY

FILED
Mar 31, 2016
Secretary of State
CR5140213353

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 FINANCE 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 03/31/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR	Title	TREASURER, DIRECTOR
Name	FITZGERALD, LORI	Name	AVATAPALLI, SRISUDHA
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	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 03/31/2016

Electronic Signature of Signing Officer/Director Detail — Date