

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 29 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 195921 (2)**  
 Corporation Name  
**AMERICAN HERITAGE LIFE INSURANCE COMPANY**



Principal Place of Business  
**1776 AMERICAN HERITAGE LIFE DR. JACKSONVILLE FL 32224-6688 US**

Mailing Address  
**1776 AMERICAN HERITAGE LIFE DR. JACKSONVILLE FL 32224-6687 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/11/1956</b>	3a. Date of Last Report <b>04/26/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-0781901</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>STATE INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32304</b>				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				<b>FL</b>	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when a change is) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD DOUGLAS, T. O'NEAL</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOUGLAS, T. O'NEAL</b>	1.2 NAME	
STREET ADDRESS	<b>1776 AMERICAN HERITAGE LIFE DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD VERLANDER, CHRIS A.</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VERLANDER, CHRIS A.</b>	2.2 NAME	
STREET ADDRESS	<b>1776 AMERICAN HERITAGE LIFE DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VTD MOREHEAD, C RICHARD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOREHEAD, C RICHARD</b>	3.2 NAME	
STREET ADDRESS	<b>1776 AMERICAN HERITAGE LIFE DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D VERLANDER, W ASHLEY</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VERLANDER, W ASHLEY</b>	4.2 NAME	
STREET ADDRESS	<b>1776 AMERICAN HERITAGE LIFE DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VS HEekin, W. MICHAEL</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEEKIN, W. MICHAEL</b>	5.2 NAME	
STREET ADDRESS	<b>1776 AMERICAN HERITAGE LIFE DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (9/96)

ADDITIONAL OFFICERS AND DIRECTORS FOR  
AMERICAN HERITAGE LIFE INSURANCE COMPANY:

1. Charles Baggs - V
2. James H. Baum - V
3. David A. Bird - V
4. Elizabeth A. Mahin - V
5. William J Thomas - V
6. Curtiss S. Sheldon - V
7. Dennis P. Adams - V
8. John W. Alexander - V
9. Robert T. Casey - V
10. A. Neil Crawford, Jr. - V
11. Russell H. Furtick - V
12. Richard R. Harper - V
13. K. Pearl Harrison - V
14. Tyrus B. Hunt - V
15. Robert E. Poland - V
16. Donald E. Sasser - V
17. Carol E. Seals - V
18. Howard D. Taylor - V
19. William J. Velto - V
20. Mary Ann Wright - V
21. Robert J. Young - V
22. John D. Cox - V
23. Berkley D. Davis - V
24. Richard L. Dayton - V
25. Gray M. Emery - V
26. Patricia B. Engelman - V
27. Glenn Hodges - V
28. Robert S. King - V
29. Donna M. Mills - V
30. Sharon A. Nevins - V
31. Joseph L. Nichols - V
32. Richard D. Schaefer - V
33. Toni G. Smith - V
34. Gary S. Stere - V
35. Tina R. Taylor - V
36. F. Duane Ackerman - D
37. Edward L. Baker - D
38. I. Jon Brumley - D
39. John E. Bush - D
40. Alvin R. Carpenter - D
41. A. Dano Davis - D
42. Robert D. Davis - D
43. H. Corbin Day - D
44. Langdon S. Flowers - D
45. Radford D. Lovett - D
46. Clarence V. McKee - D
47. Patricia G. Moran - D
48. Herbert H. Peyton - D
49. Frederick H. Schultz - D
50. Jay Stein - D
51. Rolf H. Towe - D