

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 195921

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: AMERICAN HERITAGE LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

1776 AMERICAN HERITAGE LIFE DR.  
JACKSONVILLE, FL 322246688 US

**New Principal Place of Business:**

**Current Mailing Address:**

1776 AMERICAN HERITAGE LIFE DR.  
JACKSONVILLE, FL 322246688 US

**New Mailing Address:**

FEI Number: 59-0781901      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P.O. BOX 6200 (32314-6200)  
200 E. GAINES ST.  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PR ( ) Delete  
Name: BIRD, DAVID A  
Address: 1776 AMERICAN HERITAGE LIFE DR.  
City-St-Zip: JACKSONVILLE, FL

Title: TR ( ) Delete  
Name: VERNEY, STEVEN C  
Address: 3075 SANDERS ROAD, SUITE G2H  
City-St-Zip: NORTHBROOK, IL 60062

Title: SEC ( ) Delete  
Name: STERE, GARY S  
Address: 1776 AMERICAN HERITAGE LIFE DR, SUITE A08  
City-St-Zip: JACKSONVILLE, FL 32224

Title: DR ( ) Delete  
Name: BAGGS, CHARLES C  
Address: 1776 AMERICAN HERITAGE LIFE DR.  
City-St-Zip: JACKSONVILLE, FL 32224

Title: DR ( ) Delete  
Name: PINTOZZI, JOHN C  
Address: 3100 SANDERS ROAD, SUITE M5A  
City-St-Zip: NORTHBROOK, IL 60062

Title: DR ( ) Delete  
Name: CLARK, LAURA J  
Address: 1776 AMERICAN HERITAGE LIFE  
City-St-Zip: JACKSONVILLE, FL 32224

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HEATHER DURCHOLZ

Electronic Signature of Signing Officer or Director

ACCT

04/14/2009

Date