

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**FILED**  
**Jan 15 1997 8:00am**  
**Secretary of State**

**DOCUMENT # P23803 (0)**  
1. Corporation Name  
**CONTINENTAL HERITAGE INSURANCE COMPANY**



Principal Place of Business  
**111 BROADWAY CENTRE  
STE 1250  
SALT LAKE CITY UT 84111  
US**

Mailing Address  
**111 BROADWAY CENTRE  
STE 1250  
SALT LAKE CITY UT 84111  
US**

3. Date Incorporated or Qualified  
**04/11/1989**

3a. Date of Last Report  
**01/30/1996**

4. FEI Number  
**87-0363183**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
21. **4060 South 500 West**  
Suite, Apt #, etc.  
22. **Suite 3**  
City & State  
23. **Salt Lake City, Utah**  
Zip  
24. **84123** Country  
25. **USA**

2a. Mailing Address  
26. **4060 South 500 West**  
Suite, Apt #, etc.  
27. **Suite 3**  
City & State  
28. **Salt Lake City, Utah**  
Zip  
29. **84123** Country  
30. **USA**

9. Name and Address of Current Registered Agent  
**PADEN, MARCUS W.  
30 LAUREL OAK  
AMELIA ISLAND FL 32034**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 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 following applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAWKER, JEFFREY J.</b>	1.2 NAME	
STREET ADDRESS	<b>111 BROADWAY CENTRE, #1250</b>	1.3 STREET ADDRESS	<b>4060 South 500 West, Suite 3</b>
CITY - ST - ZIP	<b>SALT LAKE CITY UT</b>	1.4 CITY - ST - ZIP	<b>Salt Lake City, Utah 84123</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLIS, ROSWELL PAINE</b>	2.2 NAME	
STREET ADDRESS	<b>2400 CORPORATE EXCHANGE DR.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COLUMBUS OH</b>	2.4 CITY - ST - ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WEILAND, KURT H</b>	3.2 NAME	<b>Secretary</b>
STREET ADDRESS	<b>2400 CORPORATE EXCHANGE DR.</b>	3.3 STREET ADDRESS	<b>Meyers, Anne L.</b>
CITY - ST - ZIP	<b>COLUMBUS OH</b>	3.4 CITY - ST - ZIP	<b>2 Summit Park Drive, Suite 150</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOUTHWICK, GLENN D</b>	4.2 NAME	
STREET ADDRESS	<b>2400 CORPORATE EXCHANGE DR.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COLUMBUS OH</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>Vice President/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STOUT, CRAIG LANGJAHR</b>	5.2 NAME	
STREET ADDRESS	<b>2400 CORPORATE EXCHANGE DR.</b>	5.3 STREET ADDRESS	<b>10055 Sweet Valley Drive</b>
CITY - ST - ZIP	<b>COLUMBUS OH</b>	5.4 CITY - ST - ZIP	<b>Valley View, Ohio 44125</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEBB, TRACY NEILSEN</b>	6.2 NAME	
STREET ADDRESS	<b>111 BROADWAY CENTRE, #1250</b>	6.3 STREET ADDRESS	<b>4060 South 500 West, Suite 3</b>
CITY - ST - ZIP	<b>SALT LAKE CITY UT</b>	6.4 CITY - ST - ZIP	<b>Salt Lake City, Utah 84123</b>

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:** *Glenn D. Southwick* **RECORDED** January 9, 1997 (614) 895-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Glenn D. Southwick, Treasurer** 0628202

CR2E034 (9/96)