

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90015 042 ***550.00

DOCUMENT # **P23803**

1. Corporation Name

CONTINENTAL HERITAGE INSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1989

4. FEI Number

87-0363183

Applied For

Not Applicable

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

Principal Place of Business

**4060 S. 500 WEST
SUITE 3
SALT LAKE CITY UT 84123
US**

Mailing Address

**4060 S. 500 WEST
SUITE 3
SALT LAKE CITY UT 84123
US**

2. Principal Place of Business

21 2400 Corporate Exchange Dr

2a. Mailing Address

26 P.O. Box 16398

Suite, Apt. #, etc.

22 Suite 290

Suite, Apt. #, etc.

27

City & State

23 Columbus, OH

City & State

28 Columbus, OH

Zip

24 43231

Country

25 USA

Zip

29 43216-0398

Country

30 USA

9. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
THE CAPITAL BLDG. WEST
TALLAHASSEE FL 33324**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **HAWKER, JEFFREY J.**
STREET ADDRESS **4060 S. 500 WEST, SUITE 3**
CITY-ST-ZIP **SALT LAKE CITY UT 84123**

TITLE **D** ☐ DELETE
NAME **ELLIS, ROSWELL PAINE**
STREET ADDRESS **2400 CORPORATE EXCHANGE DR.**
CITY-ST-ZIP **COLUMBUS OH**

TITLE **S** ☐ DELETE
NAME **MEYERS, ANNE L.**
STREET ADDRESS **2 SUMMIT PARK DR., STE 150**
CITY-ST-ZIP **CLEVELAND OH 44131**

TITLE **TD** ☐ DELETE
NAME **SOUTHWICK, GLENN D**
STREET ADDRESS **2400 CORPORATE EXCHANGE DR.**
CITY-ST-ZIP **COLUMBUS OH**

TITLE **VPD** ☐ DELETE
NAME **STOUT, CRAIG LANGJAHR**
STREET ADDRESS **10055 SWEET VALLEY DR.**
CITY-ST-ZIP **VALLEY VIEW OH 44125**

TITLE **PD** ☒ DELETE
NAME **WEBB, TRACY NEILSEN**
STREET ADDRESS **4060 S. 500 WEST, SUITE 3**
CITY-ST-ZIP **SALT LAKE CITY UT 84123**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **Marazza, John Anthony**
1.3 STREET ADDRESS **2400 Corporate Exchange Drive, Ste. 290**
1.4 CITY-ST-ZIP **Columbus, Ohio 43231**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **D** ☒ Change ☐ Addition
6.2 NAME **Weiland, Kurt Hugo**
6.3 STREET ADDRESS **2400 Corporate Exchange Drive, Ste. 290**
6.4 CITY-ST-ZIP **Columbus, Ohio 43231**

14. I 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 21, 1999 (614) 895-2000

Date

Daytime Phone #

CR2E034 (5/99)

0115171