

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90075 003 ***150.00

DOCUMENT # 824954

1. Entity Name

CONCORD HERITAGE LIFE INSURANCE COMPANY, INC.

00000000



DO NOT WRITE IN THIS SPACE

Principal Place of Business ONE PILLSBURY SQ CONCORD NEW HAMPSHIRE 03302-2020 US	Mailing Address 1776 AHL SE JACKSONVILLE FL 32224 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 02-0268648	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HIERS, DAVID
BELL, HAHN, SCHUSTER, WHEELER & WILLIAMS
119 WEST GARDEN STREET (P.O. BOX 12564)
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD O'NEAL DOUGLAS, T 1776 AMERICIAN HERITAGE LIFE DR JACKSONVILLE FL 32224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MOREHEAD, RICHARD C 1776 AMERICIAN HERITAGE LIFE DR JACKSONVILLE FL 32224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDERSON, JOHN K JR 1776 AMERICIAN HERITAGE LIFE DR JACKSONVILLE FL 32224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHIPPS, VIRGINIA ONE PILLSBURY STREET CONCORD NH 03302 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEIBY, JOHN S ONE PILLSBURY STREET CONCORD, NH 03301 03302 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bird, David A. 1776 American Heritage Life Drive Jacksonville, FL 32224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John K. Anderson, Jr. 4/18/00 (904) 992-1776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

#824954

D0039295



LIFE AND ACCIDENT AND HEALTH COMPANIES—ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 1999
OF THE CONDITION AND AFFAIRS OF THE

CONCORD HERITAGE LIFE INSURANCE COMPANY

NAIC Group Code 0008 (Current Period) NAIC Group Code 0777 (Prior Period) NAIC Company Code 62251 Employer's ID Number 02-0268648

Organized under the Laws of the State of New Hampshire, using _____ as the Port of Entry,

Incorporated 10/28/1965 Commenced Business 01/14/1966

Statutory Home Office One Pillsbury Street, Concord, NH 03301
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office One Pillsbury Street
(Street and Number)
Concord, NH 03301 603-224-7746
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 1776 American Heritage Life Drive, Jacksonville, FL 32224-6688
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 1776 American Heritage Life Drive
(Street and Number)
Jacksonville, FL 32224-6688 904-992-1776
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Annual Statement Contact Tina Rae Taylor 904-992-1776-2535
(Name) (Area Code) (Telephone Number) (Extension)
_____ 904-992-2955
(E-Mail Address) (FAX Number)

OFFICERS

Chairman Charles Richard Morehead Vice President and Secretary John Stanley Leiby
President and Chief Executive Officer Virginia Finer Phipps Treasurer John Karl Anderson, Jr.

DIRECTORS OR TRUSTEES

Charles Richard Morehead, Chairman John Karl Anderson, Jr. David Andrew Bird
Thomas O'Neal Douglas John Stanley Leiby Virginia Finer Phipps

State ofNew Hampshire..... }
County ofMerrimack..... } SS

The officers of this company, being duly sworn, testify that: