

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 824954

FILED
Jan 31, 2007
Secretary of State

Entity Name: CONCORD HERITAGE LIFE INSURANCE COMPANY, INC.

Current Principal Place of Business:

ONE PILLSBURY SQ
CONCORD NEW HAMPSHIRE, CO 033022020 US

New Principal Place of Business:

TWO DELTA DRIVE
CONCORD NEW HAMPSHIRE, CO 03301 US

Current Mailing Address:

1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FL 322246688 US

New Mailing Address:

FEI Number: 02-0268648 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: DR () Delete
Name: GUIDOS, GREGORY J
Address: 1776 AMERICAN HERITAGE LIFE DR
City-St-Zip: JACKSONVILLE, FL 32224

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

Title: VP () Delete
Name: LEIBY, JOHN S
Address: ONE PILLSBURY STREET
City-St-Zip: CONCORD, NH 03301

Title: DR () Delete
Name: BIRD, DAVID A
Address: 1776 AMERICAN HERITAGE LIFE DR
City-St-Zip: JACKSONVILLE, FL 32224

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

Title: DR () Delete
Name: GUIDOS, GREGORY J
Address: 1776 AMERICAN HERITAGE LIFE DR
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 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: LYNN CIRRINCIONE

AR

01/31/2007

Electronic Signature of Signing Officer or Director

_____ Date