

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90051 040 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 832114</b><br>1. Entity Name<br><b>LINCOLN HERITAGE LIFE INSURANCE COMPANY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                                         |                                                                                                                                      |                                                                                                                      |  |
| Principal Place of Business<br><b>4343 E CAMELBACK RD</b><br><b>P.O. BOX 29045</b><br><b>PHOENIX AZ 85018</b><br><b>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                      | Mailing Address<br><b>4343 E CAMELBACK RD</b><br><b>P.O. BOX 29045</b><br><b>PHOENIX AZ 85018</b><br><b>US</b>                          |                                                                                                                                      |                                                                                                                      |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                      | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                               |                                                                                                                                      |                                                                                                                      |  |
| City & State<br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                      | City & State<br>Zip      Country                                                                                                        |                                                                                                                                      |                                                                                                                      |  |
| 4. FEI Number <b>04-2314290</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                      |                                                                                                                                         |                                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                                                               |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                      |                                                                                                                                         |                                                                                                                                      | <b>\$8.75 Additional Fee Required</b>                                                                                |  |
| 6. Name and Address of Current Registered Agent<br><br><b>FLORIDA INS. COMMISSIONER</b><br><b>THE CAPITOL</b><br><b>TALLAHASSEE FL 32399</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                      |                                                                                                                                         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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. <input checked="" type="checkbox"/> (See criteria on back)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                      | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> |                                                                                                                                      | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| 11. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                      |                                                                                                                                         | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                |                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>PD</b><br><b>LONDON, THOMAS</b><br><b>4343 E. CAMELBACK RD.</b><br><b>PHOENIX AZ</b> <input type="checkbox"/> Delete              |                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>CD</b><br><b>LONDON, JACK</b><br><b>4343 E. CAMELBACK RD.</b><br><b>PHOENIX AZ</b> <input type="checkbox"/> Delete                |                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>DTS</b><br><b>LATHROP, DEAN</b><br><b>4343 E. CAMELBACK RD.</b><br><b>PHOENIX AZ</b> <input type="checkbox"/> Delete              |                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>V</b><br><b>SCHUNEMAN, LARRY</b><br><b>4343 E. CAMELBACK RD.</b><br><b>PHOENIX AZ</b> <input type="checkbox"/> Delete             |                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>V</b><br><b>SAXBY, KERRY ANNE</b><br><b>4343 E. CAMELBACK RD.</b><br><b>PHOENIX AZ</b> <input checked="" type="checkbox"/> Delete |                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b><br><b>LONDON, DORIS M</b><br><b>4343 E. CAMELBACK RD.</b><br><b>PHOENIX AZ</b> <input type="checkbox"/> Delete              |                                                                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input 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: <i>Dean A. Lathrop</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                      |                                                                                                                                         | <b>Dean A. Lathrop</b><br><b>Sr. VP/Sec/Treas</b><br>Date: <b>1/4/01</b> Daytime Phone #: <b>602-957-1650</b>                        |                                                                                                                      |  |

CR2E034 (10/00)