2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2012
Secretary of State

DOCUMENT# F11000004603

Entity Name: UNITED HERITAGE LIFE INSURANCE COMPANY

Current Principal Place of Business:

707 E. UNITED HERITAGE COURT
MERIDIAN, ID 83680

New Principal Place of Business:

Current Mailing Address:

PO BOX 7777
MERIDIAN, ID 83860

New Mailing Address:

FEI Number: 82-0123320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: C
Name: HALL, RICHARD E
Address: PO BOX 1271
City-St-Zip: BOISE, ID 83701

Title: VC
Name: SMITH, RODNEY L
Address: PO BOX 1706
City-St-Zip: RED LOADGE, MT 59068

Title: D
Name: CLARK, NED
Address: 55347 HIGHWAY 207-SPRAY
City-St-Zip: HEPPNER, OR 97836

Title: D
Name: PRAFKE, JULIE
Address: 2140 S. VERA CREST DRIVE
City-St-Zip: SPOKANE VALLEY, WA 990379062

Title: D/P
Name: JOHNSON, DENNIS L
Address: 707 E. UNITED HERITAGE COURT
City-St-Zip: MERIDIAN, ID 83680

Title: CEO
Name: JOHNSON, DENNIS L
Address: 707 E. UNITED HERITAGE COURT
City-St-Zip: MERIDIAN, ID 83680

I hereby 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 all other like empowered.

SIGNATURE: GEOFFREY M BAKER VP 02/20/2012

Electronic Signature of Signing Officer or Director Date