FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -5 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001946 (2)

1. Corporation Name

HERITAGE LIFE INSURANCE COMPANY

Principal Place of Business
30851 AGOURA ROAD
AGOURA HILLS CA 91301

Mailing Address
30851 AGOURA ROAD
AGOURA HILLS CA 91301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1994
3a. Date of Last Report:

4. FEI Number: 86-0165716 — 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 has [illegible] Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
PLAZA LEVEL 11
THE CAPITOL
TALLAHASSEE FL 32399-0300

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 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	PVC	Title	VPC — ☐ Change ☒ Addition
Name	BOSTIC, E D	Name	LAURA F YAMANAKA
Street Address	30851 AGOURA ROAD	Street Address	30851 W AGOURA ROAD
City-St-Zip	AGOURA HILLS CA 91301	City-St-Zip	AGOURA HILLS, CA 91301
Title	~~CFOD~~	Title	D — ☐ Change ☒ Addition
Name	~~KELLOGG, CLAUDE C~~	Name	MARC G. METCALF
Street Address	~~30851 AGOURA ROAD~~	Street Address	3001 SUMMER ST
City-St-Zip	~~AGOURA HILLS CA 91301~~	City-St-Zip	STAMFORD, CT 06927
Title	DS	Title	☐ Change ☐ Addition
Name	OWENS, JAMES J	Name	
Street Address	30851 AGOURA ROAD	Street Address	
City-St-Zip	AGOURA HILLS CA 91301	City-St-Zip	
Title	T	Title	☐ Change ☐ Addition
Name	OBEDENCIO, SANTIAGO U	Name	
Street Address	30851 AGOURA ROAD	Street Address	
City-St-Zip	AGOURA HILLS CA 91301	City-St-Zip	
Title	CCEO	Title	☐ Change ☐ Addition
Name	~~GORDON, FRANK J~~	Name	
Street Address	~~30851 AGOURA ROAD~~	Street Address	
City-St-Zip	~~AGOURA HILLS CA 91301~~	City-St-Zip	
Title	D VP	Title	☐ Change ☐ Addition
Name	SALMON, RICHARD B	Name	
Street Address	30851 AGOURA ROAD	Street Address	
City-St-Zip	AGOURA HILLS CA 91301	City-St-Zip	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: [signature] SANTIAGO U. OBEDENCIO 4/7/95 (818) 889-2520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0482060 FP