

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90097 049 ***150.00

DOCUMENT # F94000001946

1. Entity Name
HERITAGE LIFE INSURANCE COMPANY

Principal Place of Business
500 VIRGINIA DRIVE
FORT WASHINGTON PA 19034
US

Mailing Address
500 VIRGINIA DRIVE
FORT WASHINGTON PA 19034
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **86-0165716**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____
 Signature, typed or printed name of registered agent and title if applicable.

(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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	MUNSON, DANIEL C	
STREET ADDRESS	500 VIRGINIA DRIVE	
CITY-ST-ZIP	FORT WASHINGTON PA 19034	
TITLE	D	☒ Delete
NAME	BERGMANN, RICHARD W	
STREET ADDRESS	500 VIRGINIA DRIVE	
CITY-ST-ZIP	FORT WASHINGTON PA 19034	
TITLE	VPD	☒ Delete
NAME	BRANDT, MICHAEL J	
STREET ADDRESS	500 VIRGINIA DRIVE	
CITY-ST-ZIP	FORT WASHINGTON PA 19034	
TITLE	SD	☐ Delete
NAME	JOPPA, GLENN L	
STREET ADDRESS	500 VIRGINIA DRIVE	
CITY-ST-ZIP	FORT WASHINGTON PA 19034	
TITLE	VP	☐ Delete
NAME	BOBITZ, WARD E	
STREET ADDRESS	500 VIRGINIA DRIVE	
CITY-ST-ZIP	FORT WASHINGTON PA 19034	
TITLE	PD	☐ Delete
NAME	MARINELLO, KATHRYN V	
STREET ADDRESS	500 VIRGINIA DRIVE	
CITY-ST-ZIP	FORT WASHINGTON PA 19034	

TITLE	V/D	☒ Change ☒ Addition
NAME	200 NORTH MARTINGALE ROAD	
STREET ADDRESS	SCHAUMBURG, IL 60173	
TITLE	V	☒ Change ☐ Addition
NAME	Fucci, Richard G.	
STREET ADDRESS	6604 West Broad STREET	
CITY-ST-ZIP	Richmond, VA 23230	
TITLE	V/D	☒ Change ☐ Addition
NAME	Macfarlane, Gregory J	
STREET ADDRESS	200 North Martingale Road	
CITY-ST-ZIP	Schaumburg, IL 60173	
TITLE	SN/D	☐ Change ☒ Addition
NAME	200 North Martingale Road	
STREET ADDRESS	Schaumburg, IL 60173	
TITLE	V	☒ Change ☐ Addition
NAME	6620 West Broad Street	
STREET ADDRESS	Richmond, VA 23230	
TITLE		☒ Change ☐ Addition
NAME	200 North Martingale Road	
STREET ADDRESS	Schaumburg, IL 60173	
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard G. Fucci 4/29/02 804-662-2680

Date

Daytime Phone #

11/07/2002