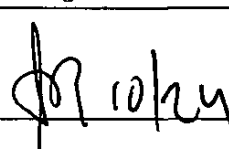


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F94000001946 1. Entity Name HERITAGE LIFE INSURANCE COMPANY						FILED 05 OCT 19 PM 4:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 500 VIRGINIA DRIVE FORT WASHINGTON, PA 19034 US				Mailing Address 500 VIRGINIA DRIVE FORT WASHINGTON, PA 19034 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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. I am familiar with, and accept the obligations of registered agent.				4. FEI Number 86-0165716			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.				DATE _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOHLER, JAMES 200 NORTH MARTINGALE RD SCHAUMBURG, IL 60173 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director ☒ Change ☐ Addition Laurent Bossard 200 North Martingale Road Schaumburg, IL 60173		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, JAMIE S 6604 WEST BROAD ST RICHMOND, VA 23230 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Financial Officer ☒ Change ☐ Addition Asha W. Banthia 200 North Martingale Road Schaumburg, IL 60173		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MACFARLANE, GREGORY J 200 NORTH MARTINGALE ROAD SCHAUMBURG, IL 60173 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary ☒ Change ☐ Addition John B. Euwema 200 North Martingale Road Schaumburg, IL 60173		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD JOPPA, GLENN L 200 NORTH MARTINGALE ROAD SCHAUMBURG, IL 60173 ☒ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Actuary ☒ Change ☐ Addition Frank J. Longo 200 North Martingale Road Schaumburg, IL 60173		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOBITZ, WARD E 6620 WEST BROAD STREET RICHMOND, VA 23230 ☒ Delete			 500060954965 10/27/05--01004--003 **150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALTER-TONEY, JOANN M 200 NORTH MARTINGALE ROAD SCHAUMBURG, IL 60173 ☒ Delete			 500060954965 10/27/05--01004--003 **150.00			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Ward E. Bobitz</u> (Ward E. Bobitz)				10/18/05		804-662-2560	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	