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	Mailing Address
500 VIRGINIA DRIVE FORT WASHINGTON, PA 19034 US	500 VIRGINIA DRIVE FORT WASHINGTON, PA 19034 US

10062005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 86-0165716 ☐ Applied For ☐ Not Applicable

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

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 **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (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 WOHLEVER, JAMES 200 NORTH MARTINGALE RD SCHAUMBURG, IL 60173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Director Laurent Bossard 200 North Martingale Road Schaumburg, IL 60173	☒ Change ☐ Addition
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 Asha W. Banthia 200 North Martingale Road Schaumburg, IL 60173	☒ Change ☐ Addition
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 John B. Euwema 200 North Martingale Road Schaumburg, IL 60173	☒ Change ☐ Addition
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 Frank J. Longo 200 North Martingale Road Schaumburg, IL 60173	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BOBITZ, WARD E 6620 WEST BROAD STREET RICHMOND, VA 23230	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WALTER-TONEY, JOANN M 200 NORTH MARTINGALE ROAD SCHAUMBURG, IL 60173	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500060954965 10/27/05--01004--003 **150.00	☐ Change ☐ Addition

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: Ward E. Bobitz (Ward E. Bobitz) 10/18/05 804-662-2560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #