

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001946

FILED
Apr 15, 2009
Secretary of State

Entity Name: HERITAGE LIFE INSURANCE COMPANY

Current Principal Place of Business:

500 VIRGINIA DRIVE
FORT WASHINGTON, PA 19034 US

New Principal Place of Business:

Current Mailing Address:

500 VIRGINIA DRIVE
FORT WASHINGTON, PA 19034 US

New Mailing Address:

FEI Number: 86-0165716 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHILL, KELVIN E
Address: 200 NORTH MARTINGALE RD
City-St-Zip: SCHAUMBURG, IL 60173 US

Title: PD () Delete
Name: O'BRIEN, PATRICK
Address: 200 NORTH MARTINGALE ROAD
City-St-Zip: SCHAUMBURG, IL 60173

Title: CFO () Delete
Name: BANTHIA, ASHA W
Address: 200 NORTH MARTINGALE ROAD
City-St-Zip: SCHAUMBURG, IL 60173

Title: S () Delete
Name: KENYON, ANDREA M
Address: 777 LONG RIDGE ROAD
City-St-Zip: STAMFORD, CT 06902 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BARNETT, MICHAEL D
Address: 251 NORTH ILLINOIS STREET
City-St-Zip: INDIANAPOLIS, IN 46204 US

Title: CFO (X) Change () Addition
Name: SHANMUGAM, LAKSHMAN
Address: 5700 BROADMOOR SUITE 1000
City-St-Zip: MISSION, KS 66202

Title: S (X) Change () Addition
Name: RUSSELL, KATHLEEN A
Address: 251 NORTH ILLINOIS STREET
City-St-Zip: INDIANAPOLIS, IN 46204

Title: T (X) Change () Addition
Name: BAKER, SARAH Q
Address: 5700 BROADMOOR, SUITE 1000
City-St-Zip: MISSION, KS 66202 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NANCY M. LIU

AS

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date