2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2010
Secretary of State

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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: P
Name: BARNETT, MICHAEL D
Address: 251 NORTH ILLINOIS STREET
City-St-Zip: INDIANAPOLIS, IN 46204 US

Title: CFO
Name: SHANMUGAM, LAKSHMAN
Address: 5700 BROADMOOR SUITE 1000
City-St-Zip: MISSION, KS 66202

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

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

I hereby 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 all other like empowered.

SIGNATURE: NANCY M. LIU AS 03/30/2010

Electronic Signature of Signing Officer or Director Date