2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90405 026 ***150.00

061913 AT

DOCUMENT # F94000001946

1. Entity Name
HERITAGE LIFE INSURANCE COMPANY

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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
500 Virginia Drive Suite, Apt. #, etc.	500 Virginia Drive Suite, Apt. #, etc.
City & State: Fort Washington, PA	City & State: Fort Washington, PA
Zip: 19034 Country: USA	Zip: 19034 Country: USA

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

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MUNSON, DANIEL C 200 NORTH MARTINGALE ROAD SCHAUMBURG IL 60173	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Wohlever, James 200 North Martingale Road Schaumburg, IL 60173	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FUCCI, RICHARD G 6604 WEST BROAD STREET RICHMOND VA 23230	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Miller, Jamie S. 6604 West Broad Street Richmond, VA 23230	☒ 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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SND JOPPA, GLENN L 200 NORTH MARTINGALE ROAD SCHAUMBURG IL 60173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/V/D	☒ 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 MARINELLO, KATHRYN V 200 NORTH MARTINGALE ROAD SCHAUMBURG IL 60173	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Walter-Toney, JoAn M. 200 North Martingale Road Schaumburg, IL 60173	☒ Change ☐ Addition

CR2E034 (10/02)

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: SIGNATURE REQUIRED April 29, 2003 804-662-2680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #