
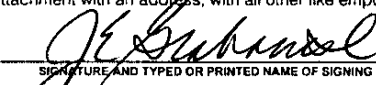


**- 2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90170 016 ***150.00

DOCUMENT # F96000005393				
1. Entity Name FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA				
Principal Place of Business 6001 E ROYALTON RD SUITE 200 CLEVELAND, OH 44147		Mailing Address PO BOX 470608 CLEVELAND, OH 44147		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	C MOSLEY, RALPH W 3830 WHITLAND AVE NASHVILLE, TN 37205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Henry Grendell 8709 Lake Forest Tr Bainbridge, OH 44023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEDFORD, HENRY E III 1112 MONTPIER DR FRANKLIN, TN 37064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Doug Kelly 80 Quail Hollow Dr. Moreland Hills, OH 44022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, HOWARD L 32830 WINTERGREEN DR SOLOON, OH 44139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ROCHECK, EDWARD J 7289 LAKEVIEW DR CLEVELAND, OH 44129	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GRABOWSKI, JEROME E 34651 SUMMERSET DR SOLOON, OH 44139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP MORRIS, JEFFREY S 15265 OVERTURE DR NEWBURY, OH 44065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date: 2-20-2006 Daytime Phone #: 440-922-5200		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>		



01102006 Chg-P CR2E034 (11/05)

4. FEI Number **34-1626521** Applied For Not Applicable

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