

# - 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-08-2006 90170 016 \*\*\*150.00

<b>DOCUMENT # F96000005393</b>					
<b>1. Entity Name</b> FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA					
<b>Principal Place of Business</b> 6001 E ROYALTON RD SUITE 200 CLEVELAND, OH 44147			<b>Mailing Address</b> PO BOX 470608 CLEVELAND, OH 44147		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 34-1626521	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> C	<b>NAME</b> MOSLEY, RALPH W		<b>TITLE</b> VP	<b>NAME</b> Henry Grendell	
<b>STREET ADDRESS</b> 3830 WHITLAND AVE	<b>STREET ADDRESS</b> 3830 WHITLAND AVE		<b>STREET ADDRESS</b> 8709 Lake Forest Tr	<b>STREET ADDRESS</b> 8709 Lake Forest Tr	
<b>CITY-ST-ZIP</b> NASHVILLE, TN 37205	<b>CITY-ST-ZIP</b> NASHVILLE, TN 37205		<b>CITY-ST-ZIP</b> Bainbridge, OH 44023	<b>CITY-ST-ZIP</b> Bainbridge, OH 44023	
<b>TITLE</b> D	<b>NAME</b> BEDFORD, HENRY E III		<b>TITLE</b> VP	<b>NAME</b> Doug Kelly	
<b>STREET ADDRESS</b> 1112 MONTPIER DR	<b>STREET ADDRESS</b> 1112 MONTPIER DR		<b>STREET ADDRESS</b> 80 Quail Hollow Dr.	<b>STREET ADDRESS</b> 80 Quail Hollow Dr.	
<b>CITY-ST-ZIP</b> FRANKLIN, TN 37064	<b>CITY-ST-ZIP</b> FRANKLIN, TN 37064		<b>CITY-ST-ZIP</b> Moreland Hills, OH 44022	<b>CITY-ST-ZIP</b> Moreland Hills, OH 44022	
<b>TITLE</b> PD	<b>NAME</b> LEWIS, HOWARD L		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 32830 WINTERGREEN DR	<b>STREET ADDRESS</b> 32830 WINTERGREEN DR		<b>STREET ADDRESS</b> 	<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> SOLOM, OH 44139	<b>CITY-ST-ZIP</b> SOLOM, OH 44139		<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> VS	<b>NAME</b> ROCHECK, EDWARD J		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 7289 LAKEVIEW DR	<b>STREET ADDRESS</b> 7289 LAKEVIEW DR		<b>STREET ADDRESS</b> 	<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> CLEVELAND, OH 44129	<b>CITY-ST-ZIP</b> CLEVELAND, OH 44129		<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> VT	<b>NAME</b> GRABOWSKI, JEROME E		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 34651 SUMMERSET DR	<b>STREET ADDRESS</b> 34651 SUMMERSET DR		<b>STREET ADDRESS</b> 	<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> SOLOM, OH 44139	<b>CITY-ST-ZIP</b> SOLOM, OH 44139		<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> AVP	<b>NAME</b> MORRIS, JEFFREY S		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 15265 OVERTURE DR	<b>STREET ADDRESS</b> 15265 OVERTURE DR		<b>STREET ADDRESS</b> 	<b>STREET ADDRESS</b> 	
<b>CITY-ST-ZIP</b> NEWBURY, OH 44065	<b>CITY-ST-ZIP</b> NEWBURY, OH 44065		<b>CITY-ST-ZIP</b> 	<b>CITY-ST-ZIP</b> 	
<b>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.</b>					
<b>SIGNATURE:</b>			2-20-2006 440-922-5200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		