


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90052 045 ***150.00

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1. Entity Name
FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA



Principal Place of Business Mailing Address
6001 E ROYALTON RD SUITE 200 **PO BOX 470608**
CLEVELAND, OH 44147 **CLEVELAND, OH 44147**

40029230

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02202007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
34-1626521 Not Applicable

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

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input type="checkbox"/> Delete MOSLEY, RALPH W 3830 WHITLAND AVE NASHVILLE, TN 37205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BEDFORD, HENRY E III 1112 MONTPIER DR FRANKLIN, TN 37064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete LEWIS, HOWARD L 32830 WINTERGREEN DR SOLOM, OH 44139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <input type="checkbox"/> Delete ROCHECK, EDWARD J 7289 LAKEVIEW DR CLEVELAND, OH 44129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT <input type="checkbox"/> Delete GRABOWSKI, JEROME E 34651 SUMMERSET DR SOLOM, OH 44139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP <input type="checkbox"/> Delete MORRIS, JEFFERY S 15265 OVERTURE DR NEWBURY, OH 44065

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Grendell, Henry G. 8709 Lake Forest Tr. Bainbridge, OH 44023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kelly, Douglas B. 80 Quail Hollow Dr. Moreland Hills, OH 44022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *J E Grendell* 2/22/2007 440-922-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #