

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005393

FILED
Feb 24, 2009
Secretary of State

Entity Name: FAMILY HERITAGE LIFE INSURANCE COMPANY OF AMERICA

Current Principal Place of Business:

6001 E ROYALTON RD SUITE 200
CLEVELAND, OH 44147

New Principal Place of Business:

Current Mailing Address:

PO BOX 470608
CLEVELAND, OH 44147

New Mailing Address:

FEI Number: 34-1626521 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: C () Delete
Name: MOSLEY, RALPH W
Address: 3830 WHITLAND AVE
City-St-Zip: NASHVILLE, TN 37205

Title: D () Delete
Name: BEDFORD, HENRY E III
Address: 1112 MONTPIER DR
City-St-Zip: FRANKLIN, TN 37064

Title: PD () Delete
Name: LEWIS, HOWARD L
Address: 32830 WINTERGREEN DR
City-St-Zip: SOLON, OH 44139

Title: VS () Delete
Name: ROCHECK, EDWARD J
Address: 7289 LAKEVIEW DR
City-St-Zip: CLEVELAND, OH 44129

Title: VT () Delete
Name: GRABOWSKI, JEROME E
Address: 34651 SUMMERSET DR
City-St-Zip: SOLON, OH 44139

Title: AVP () Delete
Name: MORRIS, JEFFERY S
Address: 15265 OVERTURE DR
City-St-Zip: NEWBURY, OH 44065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EDWARD J ROCHECK

VS

02/24/2009

Electronic Signature of Signing Officer or Director

_____ Date