FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

[redacted]

DOCUMENT # **P02217** **(8)**

1. Corporation Name

NATIONAL HERITAGE LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
390 N. ORANGE AVE. 23RD FLOOR ORLANDO FL 32801	390 N. ORANGE AVE. 23RD FLOOR ORLANDO FL 32801

3. Date Incorporated or Qualified: **05/31/1984**

3a. Date of Last Report: **06/21/1995**

4. FEI Number: **57-0724251** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.042, Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business

21 950 S. WINTER PARK DRIVE
Suite, Apt. #, etc.
22 SUITE 200
City & State
23 CASSELBERRY FL
Zip 24 32707 Country 25 SEMINOLE

2a. Mailing Address

26 950 S. WINTER PARK DRIVE
Suite, Apt. #, etc.
27 SUITE 200
City & State
28 CASSELBERRY, FL
Zip 29 32707 Country 30 SEMINOLE

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section(s) 607.0502 and 607.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DR	☐ DELETE
NAME	PICCOLI, GEORGE J.	
STREET ADDRESS	841 SILVER LAKE BOULEVARD	
CITY-ST-ZIP	DOVER DE	
TITLE	E	☐ DELETE
NAME	THERRELL, LUANN	
STREET ADDRESS	841 SILVER LAKE BOULEVARD	
CITY-ST-ZIP	DOVER DE	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1 TITLE		☐ Change ☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
6 NAME		
7 STREET ADDRESS		
8 CITY-ST-ZIP		
9 TITLE		☐ Change ☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
13 TITLE		☐ Change ☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TITLE		☐ Change ☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

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***200.00

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is valid, authorized and 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 annual 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 12 or Block 13 if changed or added to the report with an address.

SIGNATURE: Luann Therrell 3/19/96 (407) 767-7223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Telephone Number

4-8-96 pm